2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2011
Secretary of State

DOCUMENT# P06000117393

Entity Name: AUTO CLUB INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

1515 N WESTSHORE BLVD
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1515 N WESTSHORE BLVD
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-5529611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
PO BOX 6200
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: PATRICK, LARRY
Address: 1515 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: S
Name: SANTO, JAMES
Address: 1515 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: T
Name: MALONEY, SEAN H
Address: 1515 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: D
Name: MCKEE, ROBERT A
Address: 1515 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: D
Name: TOMLIN, JOHN A
Address: 1515 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: COO
Name: BROWN, STEVEN W
Address: 1515 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A MCKEE D 03/09/2011

Electronic Signature of Signing Officer or Director — Date