

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117393

FILED  
May 01, 2012  
Secretary of State

**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: CFO  
Name: WIEDRICK, JENNIFER A  
Address: 1515 N WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: MALONEY, SEAN H  
Address: 1 AUTO CLUB DRIVE  
City-St-Zip: DEARBORN, MI 48126

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: JENNIFER A. WIEDRICK

CFO

05/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date