

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117393

Entity Name: AUTO CLUB INSURANCE COMPANY OF FLORIDA**Current Principal Place of Business:**9125 HENDERSON ROAD
FOURTH FLOOR
TAMPA, FL 33634**Current Mailing Address:**9125 HENDERSON ROAD
FOURTH FLOOR
TAMPA, FL 33634 US**FEI Number:** 20-5529611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	CFO, VP
Name	WIEDRICK, JENNIFER A.
Address	9125 HENDERSON ROAD
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR, CHAIRMAN, EVP, TREASURER
Name	MALONEY, SEAN H.
Address	1 AUTO CLUB GROUP
City-State-Zip:	DEARBORN MI 48126

Title	DIRECTOR
Name	SCHESKE, MARGARET A.
Address	1 AUTO CLUB DRIVE
City-State-Zip:	DEARBORN MI 48126

Title	DIRECTOR, VC
Name	RAQUET, JEANINE
Address	1 AUTO CLUB DRIVE
City-State-Zip:	DEARBORN MI 48126

Title	DIRECTOR, EVP, SECRETARY, GENERAL COUNSEL, CHIEF HUMAN RESOURCE OFFICER
Name	BRUNO, JOHN
Address	1 AUTO CLUB DRIVE
City-State-Zip:	DEARBORN MI 48126

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: BRUNO , JOHN**DIRECTOR****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date