

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117393

FILED
Jan 14, 2016
Secretary of State
CC3924158818

Entity Name: AUTO CLUB INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

14055 RIVEREDGE DRIVE SUITE 500
TAMPA, FL 33637

Current Mailing Address:

14055 RIVEREDGE DRIVE SUITE 500
TAMPA, FL 33637 US

FEI Number: 20-5529611

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399 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 PRESIDENT, CEO
Name SANTO, JAMES
Address 1515 N WESTSHORE BLVD
City-State-Zip: TAMPA FL 33607

Title CFO, VP, TREASURER
Name WIEDRICK, JENNIFER A
Address 1515 N WESTSHORE BLVD
City-State-Zip: TAMPA FL 33607

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

Title DIRECTOR, VC
Name BAGGALEY, CHRISTOPHER M.
Address 14055 RIVEREDGE DRIVE SUITE 500
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name BROWN, AVERY R.
Address 14055 RIVEREDGE DRIVE SUITE 500
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name DEEPHOUSE, BRIAN H.
Address 14055 RIVEREDGE DRIVE SUITE 500
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name FANDEL, EDWARD J.
Address 14055 RIVEREDGE DRIVE SUITE 500
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name JOHNSON, MICHAEL A.
Address 14055 RIVEREDGE DRIVE SUITE 500
City-State-Zip: TAMPA FL 33637

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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: MARCIA L. HANNEWALD

SECRETARY

01/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP OF IT OPERATIONS
Name DIXON, L.TODD
Address 14055 RIVEREDGE DRIVE SUITE 500
City-State-Zip: TAMPA FL 33637

Title VP PRODUCT MANAGEMENT
Name BOUTILIER, JAMIE B.
Address 14055 RIVEREDGE DRIVE SUITE 500
City-State-Zip: TAMPA FL 33637

Title SECRETARY
Name HANNEWALD, MARCIA L.
Address 1 AUTO CLUB DRIVE
City-State-Zip: DEARBORN MI 48126

Title VP CLAIMS
Name FUTCH, BOBBY S.
Address 14055 RIVEREDGE DRIVE SUITE 500
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name RICHARDSON, JOSEPH J. JR.
Address 1 AUTO CLUB DRIVE
City-State-Zip: DEARBORN MI 48126