

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117393

Entity Name: AUTO CLUB INSURANCE COMPANY OF FLORIDA**Current Principal Place of Business:**1515 N WESTSHORE BLVD
TAMPA, FL 33607**Current Mailing Address:**1515 N WESTSHORE BLVD
TAMPA, FL 33607**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	P
Name	PATRICK, LARRY
Address	1515 N WESTSHORE BLVD
City-State-Zip:	TAMPA FL 33607

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

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

Title	DIRECTOR
Name	MONAHAN, STEVEN D
Address	1685 N. OPDYKE RD
City-State-Zip:	AUBURN HILLS MI 48326

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

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

Title	ASST. SECRETARY
Name	FREUD, GLORIA G
Address	1AUTO 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: GLORIA FREUD**ASST SECRETARY****01/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date