

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000117393

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC8134753254**

**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:** No

**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 S  
Name SANTO, JAMES  
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 MALONEY, SEAN H  
Address 1 AUTO CLUB DRIVE  
City-State-Zip: DEARBORN MI 48126

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

Title ASST. SECRETARY  
Name FREUD, GLORIA G  
Address 1AUTO CLUB DRIVE  
City-State-Zip: DEARBORN MI 48126

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

*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 G. FREUD

**ASSISTANT SECRETARY 03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date