

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000117393

**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:** 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            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, CHAIRMAN  
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            BACKLEY, GREG L.  
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            ZACEK, JEFFERY  
Address        14055 RIVEREDGE DRIVE SUITE 500  
City-State-Zip: TAMPA FL 33637

**Continues on page 2**

*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**

**01/10/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP OF IT AND 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