2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110740

Entity Name: AMERICAN COLONIAL INSURANCE SERVICES, INC.

FILED Feb 01, 2018 Secretary of State CC1048592068

Current Principal Place of Business:

10245 CENTURION PARKWAY N SUITE 305 JACKSONVILLE, FL 32256

Current Mailing Address:

550 W. MERRILL STREET SUITE 200 BIRMINGHAM, MI 48009 US

FEI Number: 26-4055514 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLER, TRAVIS RADEY LAW FIRM 301 SOUTH BRONAUGH STREET SUITE 200 TALLAHASSEE, FL 32301 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: TRAVIS MILLER 02/01/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PRESIDENT** Title SECRETARY Name PETCOFF, ANDREW D Name PETCOFF, NICHOLAS J 550 W. MERRILL STREET 550 W. MERRILL STREET Address Address SUITE 200 SUITE 200 City-State-Zip: BIRMINGHAM MI 48009 City-State-Zip: BIRMINGHAM MI 48009 Title **DIRECTOR** Title **TREASURER** Name PETCOFF, JAMES G Name RONEY, BRIAN J Address 550 W. MERRILL STREET Address 550 W. MERRILL STREET SUITE 200 SUITE 200 City-State-Zip: BIRMINGHAM MI 48009 City-State-Zip: BIRMINGHAM MI 48009

Title DIRECTOR Title DIRECTOR

Name PETCOFF, ANDREWS D Name PETCOFF, NICHOLAS J

Address 550 W. MERRILL STREET Address 550 W. MERRILL STREET

SUITE 200 SUITE 200

City-State-Zip: BIRMINGHAM MI 48009 City-State-Zip: BIRMINGHAM MI 48009

Title DIRECTOR Title ASSISTANT SECRETARY

Name RONEY, BRIAN J Name KAPLAN-RUDOLPH, ROCHELLE

Address 550 W. MERRILL STREET Address 550 W. MERRILL STREET

SUITE 200 SUITE 200

City-State-Zip: BIRMINGHAM MI 48009 City-State-Zip: BIRMINGHAM MI 48009

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: ANDREW PETCOFF PRESIDENT 02/01/2018