

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000110740

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC4437975570**

**Entity Name:** AMERICAN COLONIAL INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

260 WEKIVA SPRINGS ROAD  
2060  
LONGWOOD, FL 32779

**Current Mailing Address:**

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

**FEI Number:** 26-4055514

**Certificate of Status Desired:** No

**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

01/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PETCOFF, ANDREW D  
Address        550 W. MERRILL STREET  
                 SUITE 200  
City-State-Zip: BIRMINGHAM MI 48009

Title            SECRETARY  
Name            PETCOFF, NICHOLAS J  
Address        550 W. MERRILL STREET  
                 SUITE 200  
City-State-Zip: BIRMINGHAM MI 48009

Title            DIRECTOR  
Name            PETCOFF, JAMES G  
Address        550 W. MERRILL STREET  
                 SUITE 200  
City-State-Zip: BIRMINGHAM MI 48009

Title            TREASURER  
Name            RONEY, BRIAN J  
Address        550 W. MERRILL STREET  
                 SUITE 200  
City-State-Zip: BIRMINGHAM MI 48009

Title            DIRECTOR  
Name            PETCOFF, ANDREWS D  
Address        550 W. MERRILL STREET  
                 SUITE 200  
City-State-Zip: BIRMINGHAM MI 48009

Title            DIRECTOR  
Name            PETCOFF, NICHOLAS J  
Address        550 W. MERRILL STREET  
                 SUITE 200  
City-State-Zip: BIRMINGHAM MI 48009

Title            DIRECTOR  
Name            RONEY, BRIAN J  
Address        550 W. MERRILL STREET  
                 SUITE 200  
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

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date