

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110740

FILED
Jan 15, 2016
Secretary of State
CC6603330048

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 BRONAUH 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

01/15/2016

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

Title VP
Name PETCOFF, BORIS MATTHEW
Address 550 W. MERRILL STREET
 SUITE 200
City-State-Zip: BIRMINGHAM MI 48009

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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: ROCHELLE KAPLAN-RUDOLPH

ASSISTANT SECRETARY

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name KAPLAN-RUDOLPH, ROCHELLE
Address 550 W. MERRILL STREET
SUITE 200
City-State-Zip: BIRMINGHAM MI 48009