

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000041101

**Entity Name:** AMERICAN COLONIAL INSURANCE COMPANY**Current Principal Place of Business:**260 WEKIVA SPINGS ROAD  
SUITE 2060  
LONGWOOD, FL 32779**Current Mailing Address:**550 W. MERRILL STREET  
SUITE 200  
BIRMINGHAM, MI 48009 US**FEI Number:** 23-7170191**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES STREET  
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 COO, DIRECTOR  
Name RONEY, BRIAN J.  
Address 550 W. MERRILL STREET  
SUITE 200  
City-State-Zip: BIRMINGHAM MI 48009

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

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

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

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

Title CHIEF INFORMATION OFFICER  
Name BRAWNER, JASON  
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:** ROCHELLE KAPLAN-RUDOLPH**SECRETARY****01/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date