

2015 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:**MILLER, TRAVIS L.
301 S BRONOUGH 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 COO, PRESIDENT, 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, 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 CHIEF UNDERWRITING OFFICER
Name PETCOFF, NICHOLAS J.
Address 550 W. MERRILL STREET
SUITE 200
City-State-Zip: BIRMINGHAM MI 48009

Title VICE PRSIDENT OF CLAIMS
Name HANZMAN, STEVEN
Address 341 GREEN ASH LANE
City-State-Zip: SANFORD FL 32779

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**SECRETARY**

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date