

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