2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041101

Entity Name: AMERICAN COLONIAL INSURANCE COMPANY

FILED Jan 13, 2014 **Secretary of State** CC6020377050

Current Principal Place of Business:

260 WEKIVA SPINGS ROAD **SUITE 2060** LONGWOOD, FL 32779

Current Mailing Address:

260 WEKIVA SPINGS ROAD **SUITE 2060** LONGWOOD, FL 32779 US

FEI Number: 23-7170191 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER **DIVISION OF LEGAL SERVICES** 200 EAST 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:

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	COO, PRESIDENT, DIRECTOR	Title	CFO, TREASURER
Name	RONEY, BRIAN J.	Name	MELOCHE, HAROLD J
Address	576 HALF MOON ROAD	Address	2187 YORKSHIRE ROAD
City-State-Zip:	BLOOMFIELD MI 48301	City-State-Zip:	BIRMINGHAM MI 48009

Title **SECRETARY** Title DIRECTOR

Name PETCOFF, JAMES G. KAPLAN, ROCHELLE Name Address 968 ARLINGTON ROAD 4026 IVERNESS LANE Address City-State-Zip: BIRMINGHAM MI 48009 City-State-Zip: WEST BLOOMFIELD HILLS MI 48323

Title DIRECTOR, CHIEF UNDERWRITING Title DIRECTOR **OFFICER**

LYONS, BRADFORD T Name

PETCOFF, NICHOLAS J Address 26300 NORTHWESTERN HIGHWAY, Address 968 ARLINGTON ROAD STE 410

City-State-Zip: BIRMINGHAM MI 48009 SOUTHFIELD MI 48076 City-State-Zip:

Title VICE PRSIDENT OF CLAIMS Title CHIEF UNDERWRITING OFFICER

HANZMAN, STEVEN Name PETCOFF, NICHOLAS J. Name Address 341 GREEN ASH LANE 968 ARLINGTON ROAD Address City-State-Zip: SANFORD FL 32779 City-State-Zip: BIRMINGHAM MI 48009

01/13/2014 SIGNATURE: BRIAN J RONEY **PRESIDENT**

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.