#### 2013 FLORIDA PROFIT CORPORATION AMENDED 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:**

260 WEKIVA SPINGS ROAD SUITE 2060 LONGWOOD, FL 32779 US

## FEI Number: 23-7170191

## 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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Unice//Direc			
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	KAPLAN, ROCHELLE	Name	PETCOFF, JAMES G.
Address	4026 IVERNESS LANE	Address	968 ARLINGTON ROAD
City-State-Zip:	WEST BLOOMFIELD HILLS MI 48323	City-State-Zip:	BIRMINGHAM MI 48009
Title	DIRECTOR	Title	DIRECTOR
Name		Name	SARAFA, JOSEPH
	MORALES, JORGE	Name	0,444,74,0002111
Address	755 BROOKWOOD WALKE	Address	11123 S. BUGAI
Address City-State-Zip:	755 BROOKWOOD WALKE BLOOMFIELD HILLS MI 48304	Address	11123 S. BUGAI
Address City-State-Zip: Title	755 BROOKWOOD WALKE BLOOMFIELD HILLS MI 48304 DIRECTOR	Address City-State-Zip:	11123 S. BUGAI TRAVERSE CITY MI 49684
Address City-State-Zip: Title Name	755 BROOKWOOD WALKE BLOOMFIELD HILLS MI 48304 DIRECTOR WILLIAMS, RICHARD JR.	Address City-State-Zip: Title	11123 S. BUGAI TRAVERSE CITY MI 49684 CHIEF UNDERWRITING OFFICER
Address City-State-Zip: Title	755 BROOKWOOD WALKE BLOOMFIELD HILLS MI 48304 DIRECTOR	Address City-State-Zip: Title Name	11123 S. BUGAI TRAVERSE CITY MI 49684 CHIEF UNDERWRITING OFFICER PETCOFF, NICHOLAS J.

# Continues on page 2

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: HAROLD J. MELOCHE

CHIEF FINANCIAL OFFICER 12/09/2013

Date

# FILED Dec 09, 2013 Secretary of State CC4066728354

Certificate of Status Desired: Yes

# **Officer/Director Detail Continued :**

Title	VICE PRESIDENT OF MARKETING	Title	VICE PRESIDENT OF CLAIMS
Name	PETCOFF, ANDREW	Name	FIATO, RICHARD
Address	968 ARLINGTON ROAD	Address	4040 DABISH
City-State-Zip:	BIRMINGHAM MI 48009	City-State-Zip:	LAKE ORION MI 48130
Title	VICE PRESIDENT OF CLAIMS	Title	VICE PRSIDENT OF CLAIMS
Title Name	VICE PRESIDENT OF CLAIMS RENNELL, BRAIN	Title Name	VICE PRSIDENT OF CLAIMS HANZMAN, STEVEN
Name	RENNELL, BRAIN	Name	HANZMAN, STEVEN