

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S11143

**Entity Name:** AUTO CLUB SOUTH INSURANCE COMPANY

**Current Principal Place of Business:**

9125 HENDERSON ROAD  
TAMPA, FL 33634

**Current Mailing Address:**

9125 HENDERSON ROAD  
TAMPA, FL 33634 US

**FEI Number:** 59-3031102

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR, CHAIR, EVP, TREASURER  
Name MALONEY, SEAN H.  
Address 1 AUTO CLUB DRIVE  
City-State-Zip: DEARBORN MI 48126

Title SECRETARY, EVP, GENERAL  
COUNSEL, CHIEF HUMAN  
RESOURCES OFFICER, DIRECTOR  
Name BRUNO, JOHN  
Address 1 AUTO CLUB DRIVE  
City-State-Zip: DEARBORN MI 48126

Title VP, CFO  
Name WIEDRICK, JENNIFER A.  
Address 9125 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title DIRECTOR, VC  
Name RAQUET, JEANINE  
Address 1 AUTO CLUB DRIVE  
City-State-Zip: DEARBORN MI 48126

Title DIRECTOR  
Name SCHESKE, MARGARET A.  
Address 1 AUTO CLUB DRIVE  
City-State-Zip: DEARBORN MI 48126

*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:** BRUNO , JOHN

**DIRECTOR**

**04/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date