

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S11143

Entity Name: AUTO CLUB SOUTH INSURANCE COMPANY

Current Principal Place of Business:

1515 NORTH WESTSHORE BLVD.
TAMPA, FL 33607

Current Mailing Address:

1515 NORTH WESTSHORE BLVD.
TAMPA, FL 33607

FEI Number: 59-3031102

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
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 DIRECTOR
Name SHARP, ROBERT R
Address 1515 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33607

Title ASST. SECRETARY, VP
Name HANNEWALD, MARCIA L.
Address 1 AUTO CLUB DRIVE
City-State-Zip: DEARBORN MI 48126

Title DIRECTOR
Name DIAZ, EDUARDO
Address 1515 N. WESTSHORE BLVD
City-State-Zip: TAMPA FL 33607

Title T
Name MALONEY, SEAN H
Address 1 AUTO CLUB DRIVE
City-State-Zip: DEARBORN MI 48126

Title S, SVP, GENERAL COUNSEL
Name WHITE, RICHARD T
Address 1 AUTO CLUB DRIVE
City-State-Zip: DEARBORN MI 48126

Title VP, ASST. TREASURER
Name WIEDRICK, JENNIFER A.
Address 14055 RIVEREDGE
SUITE 500
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name MCELROY, J. TERRY
Address 1515 NORTH WESTSHORE BLVD.
City-State-Zip: TAMPA FL 33607

Title VP, D
Name FANDEL, EDWARD J.
Address 1515 NORTH WESTSHORE BLVD.
City-State-Zip: TAMPA FL 33607

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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: RICHARD WHITE

SECRETARY

01/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT, CEO
Name SANTO, JAMES C.
Address 14055 RIVEREDGE
 SUITE 500
City-State-Zip: TAMPA FL 33637

Title VP, IT & OPERATIONS
Name DIXON, L. TODD
Address 1515 NORTH WESTSHORE BLVD.
City-State-Zip: TAMPA FL 33607

Title ASSISTANT SECRETARY
Name HANNEWALD, MARCIA L.
Address 1 AUTO CLUB DRIVE
City-State-Zip: DEARBORN MI 48126

Title VP PRODUCT MANAGEMENT
Name BOUTILIER, JAMIE B.
Address 14055 RIVEREDGE
 SUITE 500
City-State-Zip: TAMPA FL 33637

Title VP CLAIMS
Name FUTCH, BOBBY S.
Address 14055 RIVER EDGE
 SUITE 500
City-State-Zip: TAMPA FL 33637