

2014 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:**TOMLIN, JOHN A
1515 NORTH WESTSHORE BLVD
TAMPA, FL 33607 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	D
Name	SHARP, ROBERT R
Address	18710 PEPPER PIKE LANE
City-State-Zip:	LUTZ FL

Title	CEO
Name	TOMLIN, JOHN A
Address	18008 CLEAR LAKE DR.
City-State-Zip:	LUTZ FL

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

Title	ASST. SECRETARY
Name	FREUD, GLORIA G
Address	1 AUTO CLUB DRIVE
City-State-Zip:	DEARBORN MI 48126

Title	PD
Name	PATRICK, LARRY
Address	508 RUNNING HORSE RD
City-State-Zip:	SEFFNER FL

Title	S
Name	WHITE, RICHARD T
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: RICHARD WHITE**SECRETARY****01/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date