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: MICHAEL BODAYLE

Electronic Signature of Signing Officer/Director Detail

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 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:

Officer/Director Detail :					
Title	CP	Title	SD		
Name	BORBELY, JOE	Name	BODAYLE, MICHAEL		
Address	3813 GREEN HILLS VILLAGE DRIVE	Address	3813 GREEN HILLS VILLAGE DRIVE		
City-State-Zip:	NASHVILLE TN 37215	City-State-Zip:	NASHVILLE TN 37215		

## DOCUMENT# F0600004944

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: ACCEPTANCE INSURANCE AGENCY OF TENNESSEE, INC.

### **Current Principal Place of Business:**

3813 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215

### **Current Mailing Address:**

P O BOX 23410 NASHVILLE, TN 37202

## FEI Number: 62-1552707

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FILED Mar 31, 2014 Secretary of State CC6372951222

Date

Certificate of Status Desired: No

SECRETARY

03/31/2014

Date