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

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

SIGNATURE: Electronic Signature of Registered Agent

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.

Officer/Director Detail :

Title	СР	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

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0600004944

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

SECRETARY

Date

FILED Mar 23, 2015 Secretary of State CC7660174558

Certificate of Status Desired: No

03/23/2015

Date