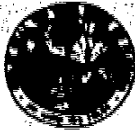


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PH 3: 28

DOCUMENT # 812115 (4)

1. Corporation Name
AUTOMOBILE CLUB INSURANCE COMPANY

Principal Place of Business Mailing Address
**3540 TWIN CREEKS DRIVE 3540 TWIN CREEKS DRIVE
COLUMBUS OH 43204 COLUMBUS OH 43204**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/02/1957 05/01/1994

4. FEI Number Applied For
31-4361173 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. 26. Suite, Apt. #, etc. Suite, Apt. #, etc.

22. 27. City & State City & State

23. 28. Zip Country Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City 85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

VT MANION, THOMAS K. 3540 TWIN CREEKS DR COLUMBUS OH

DC WILKINS, F. STUART 3540 TWIN CREEKS DR COLUMBUS OH

SD BERRIDGE, THOMAS E. 3540 TWIN CREEKS DR COLUMBUS OH

V MCCOMB, WILLIAM G. 3540 TWIN CREEKS DR COLUMBUS OH

V TIMBROOK, THOMAS E. 3540 TWIN CREEKS DR COLUMBUS OH

PD KREMPEY, GEORGE D. 3540 TWIN CREEKS DR COLUMBUS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 897, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: Thomas K. Manion 614-272-6951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Name)

Thomas K. Manion