

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 AUG 15 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 812115 (4)**

1. Corporation Name  
**AUTOMOBILE CLUB INSURANCE COMPANY**



Principal Place of Business: 3590 TWIN CREEKS DRIVE COLUMBUS OH 43204  
Mailing Address: 3590 TWIN CREEKS DRIVE COLUMBUS OH 43204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/02/1957</b>	3a. Date of Last Report <b>02/28/1996</b>
21	22	23	24	4. FEI Number <b>31-4361173</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANION, THOMAS K.		1.2 NAME	Anderson, Curt C.	
STREET ADDRESS	3590 TWIN CREEKS DR		1.3 STREET ADDRESS	3590 Twin Creeks Dr.	
CITY-ST-ZIP	COLUMBUS OH		1.4 CITY-ST-ZIP	Columbus, OH	
TITLE	DC	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, F. STUART		2.2 NAME		
STREET ADDRESS	3590 TWIN CREEKS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIDGE, THOMAS E.		3.2 NAME		
STREET ADDRESS	3590 TWIN CREEKS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		3.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOMB, WILLIAM G.		4.2 NAME	Hogan, Gerald P.	
STREET ADDRESS	3590 TWIN CREEKS DR		4.3 STREET ADDRESS	3590 Twin Creeks Dr.	
CITY-ST-ZIP	COLUMBUS OH		4.4 CITY-ST-ZIP	Columbus, OH	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TMBROOK, THOMAS E.		5.2 NAME		
STREET ADDRESS	3590 TWIN CREEKS DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		5.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREMPLY, GEORGE D.		6.2 NAME		
STREET ADDRESS	3590 TWIN CREEKS DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Curt C. Anderson* CURT C. ANDERSON 8/8/97 614-777-1951

CR2E034 (4/97)