


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
08/02/1957

4. FEI Number 31-4361173	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 checked="" type="checkbox"/> No	

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDERSON, CURT C	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	WILKINS, F. STUART	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERRIDGE, THOMAS E.	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOGAN, GERALD P	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TIMBROOK, THOMAS E.	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KREMPLY, GEORGE D.	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	Hogan, Gerald P.
4.4 CITY-ST-ZIP	3590 Twin Creeks Drive Columbus, Ohio 43204
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice President
6.3 STREET ADDRESS	Blaine, Carol R.
6.4 CITY-ST-ZIP	3590 Twin Creeks Drive Columbus, Ohio 43204

14. I 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 Anderson*

3/9/98

CR2E034 (10/97)