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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 812115

1. Corporation Name
AUTOMOBILE CLUB INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3590 TWIN CREEKS DRIVE
 COLUMBUS OH 43204**

Mailing Address
**3590 TWIN CREEKS DRIVE
 COLUMBUS OH 43204**

3. Date Incorporated or Qualified
08/02/1957

4. FEI Number
31-4361173

5. Certificate of Status Desired Applied For Not Applicable
\$8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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

12. OFFICERS AND DIRECTORS		DELETED
T NAME ANDERSON, CURT C STREET ADDRESS 3590 TWIN CREEKS DR CITY-ST-ZIP COLUMBUS OH	<input type="checkbox"/>	DELETE
DC NAME WILKINS, F. STUART STREET ADDRESS 3590 TWIN CREEKS DR CITY-ST-ZIP COLUMBUS OH	<input type="checkbox"/>	DELETE
SD NAME BERRIDGE, THOMAS E. STREET ADDRESS 3590 TWIN CREEKS DR CITY-ST-ZIP COLUMBUS OH	<input type="checkbox"/>	DELETE
P NAME HOGAN, GERALD P STREET ADDRESS 3590 TWIN CREEKS DR CITY-ST-ZIP COLUMBUS OH 43204	<input type="checkbox"/>	DELETE
V NAME TIMBROOK, THOMAS E. STREET ADDRESS 3590 TWIN CREEKS DR CITY-ST-ZIP COLUMBUS OH	<input type="checkbox"/>	DELETE
VP NAME BLAINE, CAROL R. STREET ADDRESS 3590 TWIN CREEKS DR CITY-ST-ZIP COLUMBUS OH 43204	<input type="checkbox"/>	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE VP - Marketing 1.2 NAME Timothy M. Montgomery 1.3 STREET ADDRESS 3590 Twin Creeks Blvd 1.4 CITY-ST-ZIP Columbus, OH 43204	<input type="checkbox"/>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/>	Change <input type="checkbox"/> Addition

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, with a former like empowered.

SIGNATURE: Curt C. Anderson CURT C. ANDERSON 4/12/99 614-272-6951
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)