

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90014 004 ***150.00

0605266 AT

DOCUMENT # 812115

1. Entity Name
AMERICAN COMMERCE INSURANCE COMPANY

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **211 Main St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Webster, MA

Zip Country Zip Country
01570-0758

4. FEI Number Applied For
31-4361173 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	O'HARA, RICHARD.	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH 43214	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DELEY-SHIMER, JULIE	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH 43214	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLARK, GREG	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH 43214	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, GERALD P	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH 43204	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BLAINE, CAROL R.	
STREET ADDRESS	3590 TWIN CREEKS DR	
CITY-ST-ZIP	COLUMBUS OH 43204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Anthony Ermilio	
STREET ADDRESS	211 Main St.	
CITY-ST-ZIP	Webster, MA 01570-0758	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Regan Remillard	
STREET ADDRESS	3590 Twin Creeks Dr.	
CITY-ST-ZIP	Columbus, OH 43204	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Brian Phillips, Jr.	
STREET ADDRESS	3590 Twin Creeks Dr.	
CITY-ST-ZIP	Columbus, OH 43204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard O'Hara* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/25/02 **Date**

614-272-6951 **Daytime Phone #**

CR2E034 (9/01)

Attachment
DOL# 812115

B0041993

American Commerce Insurance Company Board of Directors

D

Charles Borromeo Liekweg
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Peter Carl Ohlheiser
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Donald James McDowell
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Regan Paul Remillard
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Gerald Fels
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Richard Sidney Hamilton
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Henry Thomas Rowles
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Terry Robert Farias
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Mark Allan Shaw
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Otto Tillman Wright
3590 Twin Creeks Dr.
Columbus, OH 43204

D

Patrick William Doherty
3590 Twin Creeks Dr.
Columbus, OH 43204