


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 812115 1. Entity Name AMERICAN COMMERCE INSURANCE COMPANY						FILED 04 NOV -3 PM 3:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3590 TWIN CREEKS DRIVE COLUMBUS, OH 43204				Mailing Address 211 MAIN ST WEBSTER, MA 01570			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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						REINSTATEMENT 2004	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept, the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECKER, RANDALL VAUGHN 3590 TWIN CREEKS DR COLUMBUS, OH 43214 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 211 Main Street Webster, MA 01570		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERMILIO, JAMES A 211 MAIN ST WEBSTER, MA 01570 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042440509 11/03/04--01044--014 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, GREG 3590 TWIN CREEKS DR COLUMBUS, OH 43214 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REMILLARD, REGAN 3590 TWIN CREEKS DR COLUMBUS, OH 43204 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Gerald Fels 211 Main Street Webster, MA 01570		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, JOSEPH B 3590 TWIN CREEKS DR COLUMBUS, OH 43204 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> James A. Ermilio				<div style="display: flex; justify-content: space-between;"> 11/3/04 (508) 949-4554 </div> <small>Date Daytime Phone #</small>			