


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-31-2005 90053 001 ***150.00

DOCUMENT # 812115

1. Entity Name
 AMERICAN COMMERCE INSURANCE COMPANY



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

Mailing Address
 211 MAIN ST
 WEBSTER, MA 01570

66013501



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03162005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
 31-4361173

Applied For
 Not Applicable

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

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 **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. I am familiar with, and accept the obligations of registered agent.

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

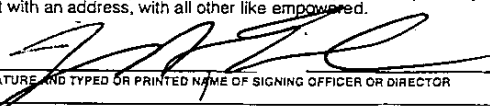
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
T NAME BECKER, RANDALL VAUGHN STREET ADDRESS 211 MAIN STREET CITY-ST-ZIP WEBSTER, MA 01570	<input type="checkbox"/> Delete
S NAME ERMILIO, JAMES A STREET ADDRESS 211 MAIN ST CITY-ST-ZIP WEBSTER, MA 01570	<input type="checkbox"/> Delete
V NAME CLARK, GREG STREET ADDRESS 3590 TWIN CREEKS DR COLUMBUS, OH 43214	<input type="checkbox"/> Delete
P NAME FELS, GERALD STREET ADDRESS 211 MAIN STREET CITY-ST-ZIP WEBSTER, MA 01570	<input type="checkbox"/> Delete
VP NAME PHILLIPS, JOSEPH B STREET ADDRESS 3590 TWIN CREEKS DR COLUMBUS, OH 43204	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition
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 like empowered.

SIGNATURE:  DATE: 4/19/05 DAYTIME PHONE #: 508-949-4554