

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812115

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** AMERICAN COMMERCE INSURANCE COMPANY

**Current Principal Place of Business:**

3590 TWIN CREEKS DRIVE  
COLUMBUS, OH 43204

**New Principal Place of Business:**

**Current Mailing Address:**

211 MAIN ST  
WEBSTER, MA 01570

**New Mailing Address:**

**FEI Number:** 31-4361173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: BECKER, RANDALL V  
Address: 211 MAIN STREET  
City-St-Zip: WEBSTER, MA 01570

Title: S  
Name: OLOHAN, DANIEL P  
Address: 211 MAIN ST  
City-St-Zip: WEBSTER, MA 01570

Title: VP  
Name: CLARK, GREG  
Address: 3590 TWIN CREEKS DR  
City-St-Zip: COLUMBUS, OH 43204

Title: P  
Name: TAMAYO, JAIME  
Address: 211 MAIN STREET  
City-St-Zip: WEBSTER, MA 01570

Title: T  
Name: MCKENNA, ROBERT E  
Address: 211 MAIN STREET  
City-St-Zip: WEBSTER, MA 01570

Title: AS  
Name: SHER, MICHAEL S  
Address: 211 MAIN STREET  
City-St-Zip: WEBSTER, MA 01570

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S. SHER

AS

01/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date