

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90162 005 ***150.00

UBR/UBR
AB

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

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

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: O'HARA, RICHARD Delete
NAME: O'HARA, RICHARD
STREET ADDRESS: 3590 TWIN CREEKS DR
CITY-ST-ZIP: COLUMBUS OH 43214

TITLE: RANDALL VAUGHN BECKER Change Addition
NAME: RANDALL VAUGHN BECKER
STREET ADDRESS: 211 MAIN STREET
CITY-ST-ZIP: WEBSTER, MASS 01570

TITLE: ERMILIO, JAMES A Delete
NAME: ERMILIO, JAMES A
STREET ADDRESS: 211 MAIN ST
CITY-ST-ZIP: WEBSTER MA 01570

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: CLARK, GREG Delete
NAME: CLARK, GREG
STREET ADDRESS: 3590 TWIN CREEKS DR
CITY-ST-ZIP: COLUMBUS OH 43214

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: REMILLARD, REGAN Delete
NAME: REMILLARD, REGAN
STREET ADDRESS: 3590 TWIN CREEKS DR
CITY-ST-ZIP: COLUMBUS OH 43204

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: PHILLIPS, JOSEPH B Delete
NAME: PHILLIPS, JOSEPH B
STREET ADDRESS: 3590 TWIN CREEKS DR
CITY-ST-ZIP: COLUMBUS OH 43204

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change 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: *Thomas Gaylord*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)