

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816587 (0)
 1. Corporation Name
THE AMERICAN ROAD INSURANCE COMPANY



Principal Place of Business PO BOX 6044 DEARBORN MI 48121 US	Mailing Address PO BOX 6044 DEARBORN MI 48121-6044 US
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3. Date Incorporated or Qualified 12/31/1962	3a. Date of Last Report 04/29/1996
4. FEI Number 38-1630841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <i>same as above</i>	2a. Mailing Address 26 <i>same as above</i>
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	ODOM, W E	
STREET ADDRESS	THE AMERICAN ROAD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TRAPP, PETER R.	
STREET ADDRESS	THE AMERICAN RD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROGOFF, CAROL V	
STREET ADDRESS	THE AMERICAN RD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'REAR, M. R	
STREET ADDRESS	THE AMERICAN ROAD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, H D	
STREET ADDRESS	THE AMERICAN ROAD	
CITY - ST - ZIP	DEARBORN MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRINGARD, J G	
STREET ADDRESS	THE AMERICAN ROAD	
CITY - ST - ZIP	DEARBORN MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Carol V. Rogoff*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carol V. Rogoff
 Assistant Secretary
 1/15/97 (313) 248-8078
 DATE TIME PHONE #

CR2E034 (9/96)