

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90056 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 816587

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  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/31/1962**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**38-1630841**

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
 CAPITOL BLDG  
 TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **COB**  DELETE  
 NAME **WHIPPLE, KENNETH**  
 STREET ADDRESS **THE AMERICAN ROAD**  
 CITY-ST-ZIP **DEARBORN MI 48121**

1.1 TITLE **C/D**  Change  Addition  
 1.2 NAME **PHILIPPE PAILLART**  
 1.3 STREET ADDRESS **THE AMERICAN ROAD**  
 1.4 CITY-ST-ZIP **DEARBORN MI 48121**

TITLE **P**  DELETE  
 NAME **MORTIZ, JAMES**  
 STREET ADDRESS **THE AMERICAN RD**  
 CITY-ST-ZIP **DEARBORN MI 48121**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **AS**  DELETE  
 NAME **ROGOFF, CAROL V**  
 STREET ADDRESS **THE AMERICAN RD**  
 CITY-ST-ZIP **DEARBORN MI**

3.1 TITLE **AS**  Change  Addition  
 3.2 NAME **ANN O. LEE**  
 3.3 STREET ADDRESS **THE AMERICAN ROAD**  
 3.4 CITY-ST-ZIP **DEARBORN, MI 48121**

TITLE **V**  DELETE  
 NAME **O'REAR, M. R**  
 STREET ADDRESS **THE AMERICAN ROAD**  
 CITY-ST-ZIP **DEARBORN MI**

4.1 TITLE **V**  Change  Addition  
 4.2 NAME **ELIZABETH S. ACTON**  
 4.3 STREET ADDRESS **THE AMERICAN ROAD**  
 4.4 CITY-ST-ZIP **DEARBORN MI 48121**

TITLE **S**  DELETE  
 NAME **SMITH, H D**  
 STREET ADDRESS **THE AMERICAN ROAD**  
 CITY-ST-ZIP **DEARBORN MI**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **V**  DELETE  
 NAME **BRINGARD, J G**  
 STREET ADDRESS **THE AMERICAN ROAD**  
 CITY-ST-ZIP **DEARBORN MI**

6.1 TITLE **V/T**  Change  Addition  
 6.2 NAME **DAVID P. COSPER**  
 6.3 STREET ADDRESS **THE AMERICAN ROAD**  
 6.4 CITY-ST-ZIP **DEARBORN MI 48121**

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann O. Lee*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

(313) 248-8078

Date

Daytime Phone #

CR2E034 (1/198)