

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816587

1. Entity Name


THE AMERICAN ROAD INSURANCE COMPANY

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90003 035 ***150.00

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32304**

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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PAILLART, PHILIPPE	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORTIZ, JAMES	
STREET ADDRESS	THE AMERICAN RD	
CITY-ST-ZIP	DEARBORN MI 48121	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEE, ANN O	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	
TITLE	V	<input type="checkbox"/> Delete
NAME	ACTON, ELIZABETH S	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, H D	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	COSPER, DAVID P	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD A. WINKLER	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID J. PRYSTASH	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Ann O. Lee** **1/12/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)