

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816587

FILED
Apr 23, 2012
Secretary of State

Entity Name: THE AMERICAN ROAD INSURANCE COMPANY

Current Principal Place of Business:

ONE AMERICAN ROAD
WHQ ROOM 612
DEARBORN, MI 48126 US

New Principal Place of Business:

Current Mailing Address:

TAX DEPARTMENT, WHQ ROOM 612
ONE AMERICAN ROAD
DEARBORN, MI 48126 US

New Mailing Address:

FEI Number: 38-1630841 **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: COB
Name: MORITZ, JAMES M
Address: ONE AMERICAN ROAD
City-St-Zip: DEARBORN, MI 48126

Title: PRES
Name: RAGER, CLIFFORD G
Address: ONE AMERICAN ROAD
City-St-Zip: DEARBORN, MI 48126

Title: SEC
Name: GOOD, CARL S
Address: ONE AMERICAN ROAD
City-St-Zip: DEARBORN, MI 48126

Title: AS
Name: GREENWELL, JENNIFER
Address: ONE AMERICAN ROAD
City-St-Zip: DEARBORN, MI 48126

Title: TRES
Name: CARNARVON, JANE L
Address: ONE AMERICAN ROAD
City-St-Zip: DEARBORN, MI 48126

Title: VP
Name: KUCHENBERG, GREGORY K
Address: ONE AMERICAN ROAD
City-St-Zip: DEARBORN, MI 48126

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: JENNIFER GREENWELL

AS

04/23/2012

Electronic Signature of Signing Officer or Director

_____ Date