



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000002632 1. Entity Name AUTO CLUB INSURANCE HOLDINGS, LLC	
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Principal Place of Business 1515 N. WESTSHORE BLVD. TAMPA, FL 33607	Mailing Address 1515 N. WESTSHORE BLVD. TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4706536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

PATRICK, LARRY D
 1515 N. WESTSHORE BLVD.
 TAMPA, FL 33607

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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 \$138.75
After May 1, 2008 Fee will be \$538.75

U00000321172
 05/14/08-80072-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOARD OF DIRECTORS, AUTO CLUB INSURANCE HO 1515 N. WESTSHORE BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICK, LARRY D 1515 N. WESTSHORE BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTO, JAMES C 1515 N. WESTSHORE BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALONEY, SUSAN H 1515 N. WESTSHORE BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLIN, JOHN A 1515 N WESTSHORE BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEE, ROBERT 1515 N. WESTSHORE BLVD TAMPA, FL 33607

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Larry D. Patrick* Larry D. Patrick 4-18-08 813-632-2501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #