

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812115

**Entity Name:** AMERICAN COMMERCE INSURANCE COMPANY**Current Principal Place of Business:**3590 TWIN CREEKS DRIVE  
COLUMBUS, OH 43204**Current Mailing Address:**211 MAIN ST  
WEBSTER, MA 01570**FEI Number:** 31-4361173**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

|                 |                  |
|-----------------|------------------|
| Title           | CFO              |
| Name            | FACON, FRANCOIS  |
| Address         | 211 MAIN STREET  |
| City-State-Zip: | WEBSTER MA 01570 |

|                 |                  |
|-----------------|------------------|
| Title           | S                |
| Name            | OLOHAN, DANIEL P |
| Address         | 211 MAIN ST      |
| City-State-Zip: | WEBSTER MA 01570 |

|                 |                  |
|-----------------|------------------|
| Title           | CEO              |
| Name            | CASTELO, ALFREDO |
| Address         | 211 MAIN STREET  |
| City-State-Zip: | WEBSTER MA 01570 |

|                 |                   |
|-----------------|-------------------|
| Title           | T                 |
| Name            | MCKENNA, ROBERT E |
| Address         | 211 MAIN STREET   |
| City-State-Zip: | WEBSTER MA 01570  |

|                 |                  |
|-----------------|------------------|
| Title           | AS               |
| Name            | SHER, MICHAEL S  |
| Address         | 211 MAIN STREET  |
| City-State-Zip: | WEBSTER MA 01570 |

*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:** DANIEL P. OLOHAN**SECRETARY****01/15/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date