

2015 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	BECKER, RANDALL V
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	VP
Name	CLARK, GREG
Address	3590 TWIN CREEKS DR
City-State-Zip:	COLUMBUS OH 43204

Title	P
Name	TAMAYO, JAIME
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: MICHAEL S. SHER**ASSISTANT SECRETARY** 02/23/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date