

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 816587

**Entity Name:** THE AMERICAN ROAD INSURANCE COMPANY

**Current Principal Place of Business:**

TAX DEPARTMENT, FORD WHQ, ROOM 612  
1 AMERICAN ROAD  
DEARBORN, MI 48126

**Current Mailing Address:**

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

**FEI Number:** 38-1630841

**Certificate of Status Desired:** No

**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 CHAIRMAN OF THE BOARD  
Name MORITZ, JAMES M  
Address ONE AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126

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

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

Title ASST. SECRETARY  
Name GREENWELL, JENNIFER  
Address ONE AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126

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

Title VP  
Name KUCHENBERG, GREGORY K  
Address ONE AMERICAN ROAD  
City-State-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

**ASSISTANT SECRETARY** 03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date