

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 816587

**FILED**  
**Mar 21, 2024**  
**Secretary of State**  
**3619106227CC**

**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            PRESIDENT  
Name            HARRIS, KIRBY  
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            YEE, CARRIE  
Address        ONE AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126

Title            DIRECTOR  
Name            DOMBROSKI, DAWN M  
Address        ONE AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126

Title            DIRECTOR  
Name            PHILLIPS, SUZANNE  
Address        ONE AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126

Title            SECRETARY  
Name            FRIGON, ANDREW  
Address        ONE AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126

Title            DIRECTOR  
Name            KOZEL, RYAN  
Address        ONE AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126

Title            DIRECTOR  
Name            KOLCHINSKY, TODD  
Address        ONE AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126

**Continues on page 2**

*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    03/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HARRIS, KIRBY  
Address        ONE AMERICAN ROAD  
City-State-Zip: DEARBORN MI 48126