

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 1661		2. Name of Corporation AUTOMOBILE CLUB INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 110 Royal Little Drive			Providence	Rhode Island	^{Zip} 02904-1863
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character SOLICITING AND RECEIV	of Business Conducted in ING APPLICATION	Rhoxte Island S FOR INSURANCE G	ENERALLY		
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN :	SPACES BEFORE USING A	ITACHMENTS
President Name			Vice President Name		
Mark A. Shaw			Francis X. Doyle		
Street Address 110 Royal Little Drive			Street Address 110 Royal Little Drive		
City Providence	State RI	^{Zip} 02904-1863	Providence	State RI	^{Zip} 02904-1863
Secretary Name Francis X. Doyle			Treasurer Name R. Stephen Manty		
Street Address 110 Royal Little Drive			Street Address 110 Royal Little Drive		
^{Сиу} Providence	State RI	02904-1863	City Providence	State RI	^{Zip} 02904-1863
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR ATT	<i>ACHMENT)</i> 🗌 FILL II	N SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Mark A. Shaw			R. Stephen Manty		
Street Address			Street Address		
110 Royal Little Drive			110 Royal Little Drive		
City	State 4	Zip	City	State	Zip
Providence	RI	02904-1863	Providence	RI	[02904-1863
Director Name			Director Name		
Francis X. Doyle					
Street Address 110 Royal Little Drive			Street Address		
City Providence	State RI	_{Zip} 02904-1863	City	State	Zip
9. SHARES AUTHORIZED	1	1	in 10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT) □
			•	ECTION MUST BE COMPLETED	ب.
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	COMMON	NO PAR VALUE
This report must be executed	d on behalf of the co	rporation by an authorize	ed representative. If the	corporation is in the hands	of a receiver or trustee,

this report must be executed on behalf of the corporation by the receiver or trustee.

5999 0 3 Games Start	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
FILED	contained berein are true and correct.
Check No. FEB 17 2011	EI: I Hd LI 931 I BZ Stephen Manty
333873	AIG SHOLLY TO Type Name SIVIS 30 AG Treasurer
TOR SECRETARY OF STATE SECRETARY	Title Form 630 Rev. 08/08