2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001372

Entity Name: ASSOCIATION CASUALTY INSURANCE COMPANY

FILED Mar 24, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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3420 EXE. CTR DR STE 200 AUSTIN, TX 78731

Current Mailing Address: New Mailing Address:

P.O. BOX 618 COLUMBIA, MO 65205

FEI Number: 74-1958653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD

Name: WAGNER, ROBERT J Address: 1907 KINGSBRIDGE ROAD City-St-Zip: COLUMBIA, MO 65203

Title: DP

Name: THOMPSON, GARY W Address: 3903 KEYSTONE COURT City-St-Zip: COLUMBIA, MO 65203

Title: DCT

Name: BALLARD, ROGER D Address: 8280 NORTH MILLSITE City-St-Zip: COLUMBIA, MO 65201

Title: DSRV

Name: BIRDSONG, ROGER D Address: 4808 GREENBERRY COURT City-St-Zip: COLUMBIA, MO 65203

Title: DSRV

Name: GALLOWAY, BEN
Address: 802 SUNSTONE LANE
City-St-Zip: COLUMBIA, MO 65201

Title: DV

Name: MORRIS, DIANNE R Address: 37 WATERFALL DRIVE City-St-Zip: AUSTIN, TX 78738

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: ROBERT J WAGNER MR 03/24/2010