

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001372

FILED
Mar 20, 2012
Secretary of State

Entity Name: ASSOCIATION CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

3420 EXECUTIVE CENTER DR
STE 200
AUSTIN, TX 78731

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618
COLUMBIA, MO 65205

New Mailing Address:

FEI Number: 74-1958653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: SEC
Name: BOONE, GINA D
Address: 2402 RIDGEFIELD RD
City-St-Zip: COLUMBIA, MO 65203

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

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

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

Title: DIR
Name: ERICKSON, JON
Address: 3706 CHINKAPIN COURT
City-St-Zip: COLUMBIA, MO 65203

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: GARY W THOMPSON

PRES

03/20/2012

Electronic Signature of Signing Officer or Director

Date