2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005225

Entity Name: ASSOCIATION INSURANCE COMPANY

FILED Apr 24, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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2410 PACES FERRY RD STE 300 ATLANTA, GA 30339

Current Mailing Address: New Mailing Address:

P.O. BOX 723099 ATLANTA, GA 31139

FEI Number: 56-1410015 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

OFFICERS AND DIRECTORS:

Title: PD

Name: MITCHELL, PATRICK J

Address: 2410 PACES FERRY RD, STE. 300

City-St-Zip: ATLANTA, GA 30339

Title: VD

Name: KORSAN, ROBERT J

Address: 2410 PACES FERRY RD STE 300

City-St-Zip: ATLANTA, GA 30339

Title: VD

Name: MCMURRAY, LINDA R

Address: 2410 PACES FERRY RD STE. 300

City-St-Zip: ATLANTA, GA 30339

Title: VT

Name: DWOSKIN, OWEN J

Address: 2410 PACES FERRY ROAD, SUITE 300

City-St-Zip: ATLANTA, GA 30339

Title: VS

Name: EDWARDS, CRAIG R

Address: 2410 PACES FERRY ROAD, SUITE 300

City-St-Zip: ATLANTA, GA 30339

Title: V

Name: MAUPIN, THOMAS S

Address: 2410 PACES FERRY ROAD, SUITE 300

City-St-Zip: ATLANTA, GA 30339

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: CRAIG R. EDWARDS VS 04/24/2012