

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000867

Entity Name: ACIG INSURANCE COMPANY

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

12222 MERIT DR.
SUITE 1660
DALLAS, TX 75251

New Principal Place of Business:

Current Mailing Address:

12222 MERIT DR.
SUITE 1660
DALLAS, TX 75251

New Mailing Address:

FEI Number: 75-1940467

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 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCINTYRE, WILLIAM S IV
Address: 12222 MERIT DR.
City-St-Zip: DALLAS, TX 75251

Title: ST () Delete
Name: PORTER, RICHARD B
Address: 12222 MERIT DR.
City-St-Zip: DALLAS, TX 75251

Title: D () Delete
Name: GRAY, MELVIN
Address: ONE GRAYCOR DR.
City-St-Zip: HOMEWOOD, IL 60430

Title: D () Delete
Name: PEPPER, RICHARD S
Address: 643 N. ORLEANS ST.
City-St-Zip: CHICAGO, IL 60610

Title: D () Delete
Name: DESTIGTER, GLENN
Address: 400 LOCUST ST., SUITE 300
City-St-Zip: DES MOINES, IA 50309

Title: D () Delete
Name: GRAY, STEVE
Address: ONE GRAYCOR DRIVE
City-St-Zip: HOMEWOOD, IL 60430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DANELLA, JAMES D
Address: 2290 BUTLER PIKE
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD B. PORTER

ST

04/24/2009

Electronic Signature of Signing Officer or Director

Date