

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001669

FILED
Apr 22, 2008
Secretary of State

Entity Name: AMERICAN COMPENSATION INSURANCE COMPANY

Current Principal Place of Business:

8500 NORMANDALE LAKE BLVD
SUITE 1400
BLOOMINGTON, MN 55437 US

New Principal Place of Business:

Current Mailing Address:

8500 NORMANDALE LAKE BLVD
SUITE 1400
BLOOMINGTON, MN 55437 US

New Mailing Address:

FEI Number: 41-1719183 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: STD () Delete
Name: LATENDRESSE, ALFRED L
Address: 12153 87TH AVE N
City-St-Zip: OSSEO, MN 55389

Title: D () Delete
Name: MURPHY, JEFFREY B
Address: 327 JESSE JAMES LANE
City-St-Zip: MAHTOMEDI, MN 55115

Title: PD () Delete
Name: KRUEGER, KEITH D
Address: 8256 JORGENSEN AVE S
City-St-Zip: COTTAGE GROVE, MN 55016

Title: D () Delete
Name: DIETZ, DAVID M
Address: 6526 137TH STREET WEST
City-St-Zip: APPLE VALLEY, MN 55124

Title: D () Delete
Name: SHEVELAND, PATRICIA M
Address: 4883 MARTINDALE STREET
City-St-Zip: PRIOR LAKE, MN 55372

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: () 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: ALFRED L. LATENDRESSE

STD

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date