

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 18, 2010
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: PRES
Name: KRUEGER, KEITH D
Address: 8500 NORMANDALE LAKE BLVD, SUITE 1400
City-St-Zip: BLOOMINGTON, MN 55437

Title: SECR
Name: BRUMFIELD, JERRY W
Address: 700 WEST 47TH STREET, SUITE 350
City-St-Zip: KANSAS CITY, MO 64112

Title: TRES
Name: BUSS, JESSICA E
Address: 700 WEST 47TH STREET, SUITE 350
City-St-Zip: KANSAS CITY, MO 64112

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: KEITH D. KRUEGER

PRES

02/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date