

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001669

**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