

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001372

FILED
Mar 24, 2010
Secretary of State

Entity Name: ASSOCIATION CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

3420 EXE. CTR DR
STE 200
AUSTIN, TX 78731

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618
COLUMBIA, MO 65205

New Mailing Address:

FEI Number: 74-1958653 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 32399 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: CD
Name: WAGNER, ROBERT J
Address: 1907 KINGSBRIDGE ROAD
City-St-Zip: COLUMBIA, MO 65203

Title: DP
Name: THOMPSON, GARY W
Address: 3903 KEYSTONE COURT
City-St-Zip: COLUMBIA, MO 65203

Title: DCT
Name: BALLARD, ROGER D
Address: 8280 NORTH MILLSITE
City-St-Zip: COLUMBIA, MO 65201

Title: DSRV
Name: BIRDSONG, ROGER D
Address: 4808 GREENBERRY COURT
City-St-Zip: COLUMBIA, MO 65203

Title: DSRV
Name: GALLOWAY, BEN
Address: 802 SUNSTONE LANE
City-St-Zip: COLUMBIA, MO 65201

Title: DV
Name: MORRIS, DIANNE R
Address: 37 WATERFALL DRIVE
City-St-Zip: AUSTIN, TX 78738

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: ROBERT J WAGNER

MR

03/24/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date