

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000001372

**Entity Name:** ASSOCIATION CASUALTY INSURANCE COMPANY

**FILED**  
**Apr 17, 2015**  
**Secretary of State**  
**CC8213460570**

**Current Principal Place of Business:**

3420 EXECUTIVE CENTER DR  
STE 200  
AUSTIN, TX 78731

**Current Mailing Address:**

P.O. BOX 618  
COLUMBIA, MO 65205

**FEI Number: 74-1958653**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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

**Officer/Director Detail :**

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

Title            SEC  
Name            GERVINO, GINA B  
Address        2402 RIDGEFIELD RD  
City-State-Zip: COLUMBIA MO 65203

Title            CFO  
Name            KLUG, KELLY J  
Address        6413 SHALLOW RIVER DRIVE  
City-State-Zip: COLUMBIA MO 65201

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

Title            DIR  
Name            ERICKSON, JON  
Address        3706 CHINKAPIN COURT  
City-State-Zip: COLUMBIA MO 65203

*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: GARY W. THOMPSON**

**PRESIDENT/CEO**

**04/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date