2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0100005225

Entity Name: ASSOCIATION INSURANCE COMPANY

Current Principal Place of Business:

2410 PACES FERRY RD **STE 300** ATLANTA, GA 30339

Current Mailing Address:

P.O. BOX 723099 ATLANTA, GA 31139

FEI Number: 56-1410015

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

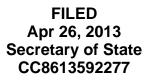
Officer/Director Detail ·

Officer/Director Detail :			
Title	PD	Title	VD
Name	MITCHELL, PATRICK J	Name	KRAUSE, GREG R
Address	2410 PACES FERRY RD, STE. 300	Address	2410 PACES FERRY RD STE 300
City-State-Zip:	ATLANTA GA 30339	City-State-Zip:	ATLANTA GA 30339
Title	VD	Title	VT
Name	MCMURRAY, LINDA R	Name	DWOSKIN, OWEN J
Address	2410 PACES FERRY RD STE. 300	Address	2410 PACES FERRY ROAD, SUITE 300
City-State-Zip:	ATLANTA GA 30339	City-State-Zip:	ATLANTA GA 30339
Title	VS	Title	V
Name	EDWARDS, CRAIG R		MAUPIN, THOMAS S
Address	2410 PACES FERRY ROAD, SUITE 300	Address	2410 PACES FERRY ROAD, SUITE 300
City-State-Zip:	ATLANTA GA 30339	City-State-Zip:	ATLANTA GA 30339
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	TitlePDNameMITCHELL, PATRICK JAddress2410 PACES FERRY RD, STE. 300City-State-Zip:ATLANTA GA 30339TitleVDNameMCMURRAY, LINDA RAddress2410 PACES FERRY RD STE. 300City-State-Zip:ATLANTA GA 30339TitleVSNameEDWARDS, CRAIG RAddress2410 PACES FERRY ROAD, SUITE 300	TitlePDTitleNameMITCHELL, PATRICK JNameAddress2410 PACES FERRY RD, STE. 300AddressCity-State-Zip:ATLANTA GA 30339City-State-Zip:TitleVDTitleNameMCMURRAY, LINDA RNameAddress2410 PACES FERRY RD STE. 300AddressCity-State-Zip:ATLANTA GA 30339City-State-Zip:TitleVDTitleNameAddress2410 PACES FERRY RD STE. 300City-State-Zip:ATLANTA GA 30339City-State-Zip:TitleVSTitleNameEDWARDS, CRAIG RNameAddress2410 PACES FERRY ROAD, SUITE 300AddressCity-State-Zip:ATLANTA GA 30339Title

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: CRAIG R EDWARDS

04/26/2013 GENERAL COUNSEL, SR. **VP AND SECRETARY**



Date

Certificate of Status Desired: No