

1.) CORPORATION NAME: <b>ASSOCIATION INSURANCE COMPANY</b>	DUE DATE: <b>11/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F0481806</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2410 PACES FERRY RD STE 300

CITY/ST/ZIP: ATLANTA, GA 30339

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PATRICK J MITCHELL		
TITLE: PRES/CEO		
ADDRESS: 2410 PACES FERRY RD STE 300		
CITY/ST/ZIP/CO: ATLANTA, GA 30339		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINDA R MCMURRAY		
TITLE: VP/CLMS MEDICA		
ADDRESS: 2410 PACES FERRY RD		
CITY/ST/ZIP/CO: ATLANTA, GA 30339		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CRAIG R EDWARDS		
TITLE: SVP/GC/S		
ADDRESS: 2410 PACES FERRY RD, STE 300		
CITY/ST/ZIP/CO: ATLANTA, GA 30339		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GLORIA RENEE PALIN		
TITLE: SVP/CFO/TREAS		
ADDRESS: 2410 PACES FERRY RD		
CITY/ST/ZIP/CO: STE 300 ATLANTA, GA 30339		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREG R KRAUSE		
TITLE: DIRECTOR		
ADDRESS: 2410 PACES FERRY RD		
CITY/ST/ZIP/CO: #300 ATLANTA, GA 30339		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CRAIG R EDWARDS	CRAIG R EDWARDS, SVP/GC/S	1/14/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.