

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # 805810 (9)

1. Corporation Name
ASSOCIATES INSURANCE COMPANY



Principal Place of Business: **% ASSOCIATES CORPORATION OF NORTH AMERICA
250 CARPENTER FREEWAY
IRVING TX 75062
US**

Mailing Address: **P O BOX 660237
CORP TAX DEPT
DALLAS TX 75266-0237
US**

3. Date Incorporated or Qualified: **08/21/1944** 3a. Date of Last Report: **04/12/1995**

4. FEI Number: **35-0293730** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, KEITH W	
STREET ADDRESS	250 CARPENTER FWY	
CITY - ST - ZIP	IRVING TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAYES, TIMOTHY	
STREET ADDRESS	250 CARPENTER FWY	
CITY - ST - ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTHERIE, ROY A.	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY - ST - ZIP	IRVING TX	
TITLE	AVS	<input type="checkbox"/> DELETE
NAME	GREENE, P.J.	
STREET ADDRESS	250 CARPENTER FWY	
CITY - ST - ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LONGNECKER, CHESTER	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY - ST - ZIP	IRVING TX	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MASSEY, STEVEN M	
STREET ADDRESS	250 CARPENTER FREEWAY	
CITY - ST - ZIP	IRVING TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy W. Bellows	
1.3 STREET ADDRESS	250 Carpenter Freeway	
1.4 CITY - ST - ZIP	Irving, TX 75062	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patrick J. Greene*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patrick J. Greene, Asst. VP & Asst. Secretary

4/25/96 (214) 541-4000

CR2E034 (12/95)