

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90017 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 805810

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	08/21/1944	35-0293730	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	City & State	7. This corporation owes the current year intangible	8. This corporation owes the current year	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28	Personal Property Tax.		
Zip	Zip			
24	29			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32301	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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		(NOT: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIMOTHY W. BELLOWS		1.2 NAME		
STREET ADDRESS	250 CARPENTER FWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		1.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, TIMOTHY		2.2 NAME	Liskow, Frederic C.	
STREET ADDRESS	250 CARPENTER FWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTHERIE, ROY A. misspelled		3.2 NAME	Guthrie, Roy A.	
STREET ADDRESS	250 CARPENTER FREEWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		3.4 CITY-ST-ZIP		
TITLE	AVS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENE, P.J.		4.2 NAME		
STREET ADDRESS	250 CARPENTER FWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONGNECKER, CHESTER		5.2 NAME	Winkel, Judy K.	
STREET ADDRESS	250 CARPENTER FREEWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		5.4 CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASSEY, STEVEN M.		6.2 NAME	Hughes, John F.	
STREET ADDRESS	250 CARPENTER FREEWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate 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, with all other like empowers.

SIGNATURE: *P. J. Greene*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICK J. GREENE
ASST VICE PRESIDENT & ASST SECRETARY
 Date: 4/19/99
 Daytime Phone #

CR2E034 (11/98)