2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805810

Title:

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MACLEAN, BRIAN W III

ONE TOWER SQUARE

HARTFORD, CT 06183

SELVAGGIO, MARJORIE M

6081 EAST 82ND STREET

INDIANAPOLIS, IN 46250

FILED Apr 14, 2005 Secretary of State

Entity Name: ASSOCIATES INSURANCE COMPANY					
Current Principal Place of Business:			New Principal Place of Business:		
	IN STREET ND, IN 46604	US			
Current Mailing Address:			New Mailir	ng Address:	
ONE TOWER SQUARE HARTFORD, CT 06183					
FEI Number:	35-0293730	FEI Number Applied For () FEI Number	mber Not Appli	icable () Certificate of Status De	esired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					nt:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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.					
SIGNATUR		Signature of Registered Agent		 Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCFO () D BENET, JAY S ONE TOWER SQ HARTFORD, CT		Title: Name: Address: City-St-Zip:	DPO (X) Change () Addition MILLER, T. MICHAEL 385 WASHINGTON STREET ST. PAUL, MN 55102 US	
Title: Name: Address: City-St-Zip:	DC () C CLARKE, CHARL ONE TOWER SQ HARTFORD, CT	UARE	Title: Name: Address: City-St-Zip:	DO (X) Change () Addition BENET, JAY S ONE TOWER SQUARE HARTFORD, CT 06183 US	
Title: Name: Address: City-St-Zip:	DP () DELLIOT, DOUGLA ONE TOWER SQ HARTFORD, CT	UARE	Title: Name: Address: City-St-Zip:	DO (X) Change () Addition MACLEAN, BRIAN W ONE TOWER SQUARE HARTFORD, CT 06183 US	
Title: Name: Address: City-St-Zip:	DV () D LACHER, JOSEP ONE TOWER SQ HARTFORD, CT	UARE	Title: Name: Address: City-St-Zip:	DO (X) Change () Addition CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD, CT 06183 US	

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

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SO

BACKBERG, BRUCE A

385 WASHINGTON STREET

ST. PAUL, MN 55102 US

RUSSELL, DOUGLAS K

ONE TOWER SQUARE

HARTFORD, CT 06183 US

(X) Change () Addition

(X) Change () Addition

SIGNATURE: CHARLES J. CLARKE 04/14/2005 DO