

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90142 015 \*\*\*158.75

**DOCUMENT # F00000001372**

1. Entity Name  
**ASSOCIATION CASUALTY INSURANCE COMPANY**

Principal Place of Business Mailing Address  
P.O. BOX 9728 P.O. BOX 9728  
AUSTIN TX 78766 AUSTIN TX 78766

2. Principal Place of Business 3. Mailing Address  
**3420 Executive Ctr. Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#200**

City & State City & State  
**Austin Tx**

Zip Country Zip Country  
**78731 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **74-1958653** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKEY, GARY L**  
**1661 SANDSPUR RD.**  
**MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 *[Signature]* *Evelyn Hickey* *4/24/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **FISCHER, HAROLD K**  
STREET ADDRESS **3420 EXECUTIVE CENTER DR., #200**  
CITY-ST-ZIP **AUSTIN TX 78731**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **MORRIS, DIANNE K**  
STREET ADDRESS **3420 EXECUTIVE CENTER DR., #200**  
CITY-ST-ZIP **AUSTIN TX 78731**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **CHAFIN, DANNY L**  
STREET ADDRESS **3420 EXECUTIVE CENTER DR., #200**  
CITY-ST-ZIP **AUSTIN TX 78731**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **HICKEY, EVELYN R**  
STREET ADDRESS **3420 EXECUTIVE CENTER DR., #200**  
CITY-ST-ZIP **AUSTIN TX 78731**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **HOWELL, HILTON H JR.**  
STREET ADDRESS **4370 PEACHTREE RD., NE**  
CITY-ST-ZIP **ATLANTA GA 30319-3000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **RAND, EDWARD L JR.**  
STREET ADDRESS **4370 PEACHTREE RD., NE**  
CITY-ST-ZIP **ATLANTA GA 30319-3000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *EVELYN HICKEY* *4/24/01* *(512) 345-7500*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)