

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90389 028 ***158.75

DOCUMENT # F00000001372

1. Entity Name

ASSOCIATION CASUALTY INSURANCE COMPANY

Principal Place of Business

**3420 EXECUTIVE CENTER DR
 #200
 AUSTIN TX 78731**

Mailing Address

**P.O. BOX 9728
 AUSTIN TX 78766**

2. Principal Place of Business

3420 Executive Center Drive

Suite, Apt. #, etc.

#160

City & State

Austin, Tx

Zip
78731

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

Evelyn Hickey

Evelyn Hickey

4/8/02

(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, 2002 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, HAROLD K	
STREET ADDRESS	3420 EXECUTIVE CENTER DR., #200	
CITY-ST-ZIP	AUSTIN TX 78731	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORRIS, DIANNE K	
STREET ADDRESS	3420 EXECUTIVE CENTER DR., #200	
CITY-ST-ZIP	AUSTIN TX 78731	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHAFIN, DANNY L	
STREET ADDRESS	3420 EXECUTIVE CENTER DR., #200	
CITY-ST-ZIP	AUSTIN TX 78731	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HICKEY, EVELYN R	
STREET ADDRESS	3420 EXECUTIVE CENTER DR., #200	
CITY-ST-ZIP	AUSTIN TX 78731	
TITLE	C	<input type="checkbox"/> Delete
NAME	HOWELL, HILTON H JR.	
STREET ADDRESS	4370 PEACHTREE RD., NE	
CITY-ST-ZIP	ATLANTA GA 30319-3000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morris, Dianne	
STREET ADDRESS	3420 Executive Center Dr., #160	
CITY-ST-ZIP	Austin, Tx 78731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary, Treasurer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hickey, Evelyn R.	
STREET ADDRESS	3420 Executive Center Dr., #160	
CITY-ST-ZIP	Austin, Tx 78731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Payne, Christy L.	
STREET ADDRESS	3420 Executive Center Dr., #160	
CITY-ST-ZIP	Austin, Tx 78731	

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:

Evelyn Hickey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn Hickey

4/8/02

(512) 345-7500

Date

Daytime Phone #

CR2E034 (9/01)