


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000001372		
1. Entity Name ASSOCIATION CASUALTY INSURANCE COMPANY		

Principal Place of Business 3420 EXECUTIVE CENTER DR #160 AUSTIN, TX 78731	Mailing Address P.O. BOX 9728 AUSTIN, TX 78766
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04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-1958653	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BURKEY, GARY L 1661 SANDSPUR RD. MAITLAND, FL 32751
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<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAYNE, CHRISTY L 3420 EXECUTIVE CENTER DR, #160 AUSTIN, TX 78731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, DIANNE K 3420 EXECUTIVE CENTER DR, #160 AUSTIN, TX 78731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HICKEY, EVELYN R 3420 EXECUTIVE CENTER DR, #160 AUSTIN, TX 78731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOWELL, HILTON H JR. 4370 PEACHTREE RD., NE ATLANTA, GA 303193000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000150237 05/03/04-80217-013 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Evelyn Hickey 4/27/04 (512) 345-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #