

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 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



04222005 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 ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

U00000362004  
05/05/05-80099-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

(512) 345-7500

Daytime Phone #