
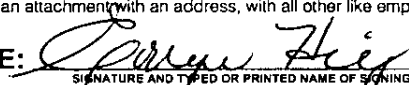


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90184 034 ***150.00

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		
2. Principal Place of Business 3420 Executive Center Dr.		3. Mailing Address			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.			
City & State Austin, TX		City & State			
Zip 78731	Country USA	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VPD NAME PAYNE, CHRISTY L STREET ADDRESS 3420 EXECUTIVE CENTER DR, #160 CITY-ST-ZIP AUSTIN, TX 78731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3420 Executive Center Dr., #200 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MORRIS, DIANNE K STREET ADDRESS 3420 EXECUTIVE CENTER DR, #160 CITY-ST-ZIP AUSTIN, TX 78731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3420 Executive Center Dr., #200 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME HICKEY, EVELYN R STREET ADDRESS 3420 EXECUTIVE CENTER DR, #160 CITY-ST-ZIP AUSTIN, TX 78731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3420 Executive Center Dr., #200 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME HOWELL, HILTON H JR. STREET ADDRESS 4370 PEACHTREE RD., NE CITY-ST-ZIP ATLANTA, GA 303193000	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-26-06		
<small>Date</small>			(512) 345-7500		
<small>Daytime Phone #</small>					