

05-13-2002 90090 018 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000005225** ✓
 1. Entity Name
Association Insurance Company

653820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2410 Paces Ferry Rd		3. Mailing Address 2410 Paces Ferry Rd	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30339	Country	Zip 30339	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1410015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.
City Plantation FL Zip Code 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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	NAME William J. Lohmeyer
STREET ADDRESS 2410 Paces Ferry Rd Suite 300	CITY-ST-ZIP Atlanta GA 30339
TITLE vp	NAME JAMES LEACH
STREET ADDRESS 2410 Paces Ferry Rd Suite 300	CITY-ST-ZIP Atlanta, GA 30339
TITLE os	NAME Jerry Koop
STREET ADDRESS 9594 TARA BLVD	CITY-ST-ZIP Jonesboro, GA 30236
TITLE cd	NAME Allen Richardson
STREET ADDRESS 2169 Highway 29 South	CITY-ST-ZIP Lawrenceville, GA 30244
TITLE D	NAME Gene Barber
STREET ADDRESS 2410 Paces Ferry Rd Suite 300	CITY-ST-ZIP Atlanta GA 30339
TITLE D	NAME Mike Ryan
STREET ADDRESS 6005 Abercorn Street Suite 24	CITY-ST-ZIP Savannah, GA 31416-0216

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR