

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005225

FILED
May 01, 2004
Secretary of State

Entity Name: ASSOCIATION INSURANCE COMPANY

Current Principal Place of Business:

2410 PACES FERRY RD
STE 300
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

2410 PACES FERRY RD
STE 300
ATLANTA, GA 30339

New Mailing Address:

P.O. BOX 723099
ATLANTA, GA 31139 99

FEI Number: 56-1410015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KOPP, GERALD A
Address: 2410 PACES FERRY ROAD, SUITE 300
City-St-Zip: ATLANTA, GA 30339

Title: PTD () Delete
Name: LOHMEYER, WILLIAM J III
Address: 2410 PACES FERRY ROAD, SUITE 300
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: BARBER, TROY E
Address: 115 ROBINSON COURT, SUITE A
City-St-Zip: FAYETTEVILLE, GA 30214

Title: D () Delete
Name: BOWLES, JOHN C
Address: 1012 TINDON STREET
City-St-Zip: AUGUSTA, GA 30909

Title: D () Delete
Name: LANE, RICHARD
Address: 5763 VETERANS PARKWAY
City-St-Zip: COLUMBUS, GA 31904

Title: CFO () Delete
Name: POLLAK, MATTHEW R
Address: 2410 PACES FERRY ROAD
City-St-Zip: ATLANTA, GA 30339 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KOPP, GERALD A
Address: 200 WILLIS DRIVE
City-St-Zip: STOCKBRIDGE, GA 30281

Title: PD (X) Change () Addition
Name: LOHMEYER, WILLIAM J III
Address: 2410 PACES FERRY ROAD, SUITE 300
City-St-Zip: ATLANTA, GA 30339

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RICHARDSON, ALLEN M
Address: 2169 LAWRENCEVILLE HIGHWAY
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: T (X) Change () Addition
Name: POLLAK, MATTHEW R
Address: 2410 PACES FERRY ROAD
City-St-Zip: ATLANTA, GA 30339 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW R POLLAK

T

05/01/2004

Electronic Signature of Signing Officer or Director

Date