

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005225

FILED  
Jan 05, 2005  
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:**

P.O. BOX 723099  
ATLANTA, GA 31139 99

**New Mailing Address:**

FEI Number: 56-1410015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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: 200 WILLIS DRIVE  
City-St-Zip: STOCKBRIDGE, GA 30281

Title: PD ( ) 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: RICHARDSON, ALLEN M  
Address: 2169 LAWRENCEVILLE HIGHWAY  
City-St-Zip: LAWRENCEVILLE, GA 30044

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date