

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90142 015 ***158.75

DOCUMENT # F00000001372

1. Entity Name
ASSOCIATION CASUALTY INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 P.O. BOX 9728 P.O. BOX 9728
 AUSTIN TX 78766 AUSTIN TX 78766

2. Principal Place of Business 3. Mailing Address
3420 Executive Ctr. Dr.

Suite, Apt. #, etc. Suite, Apt. #, etc.
#200

City & State City & State
Austin Tx

Zip Country Zip Country
78731 USA

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

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.

SIGNATURE *[Signature]* **Evelyn Hickey** **4/24/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, HAROLD K 3420 EXECUTIVE CENTER DR., #200 AUSTIN TX 78731 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, DIANNE K 3420 EXECUTIVE CENTER DR., #200 AUSTIN TX 78731 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAFIN, DANNY L 3420 EXECUTIVE CENTER DR., #200 AUSTIN TX 78731 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKEY, EVELYN R 3420 EXECUTIVE CENTER DR., #200 AUSTIN TX 78731 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOWELL, HILTON H JR. 4370 PEACHTREE RD., NE ATLANTA GA 30319-3000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAND, EDWARD L JR. 4370 PEACHTREE RD., NE ATLANTA GA 30319-3000 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *[Signature]* **EVELYN HICKEY** **4/24/01** **(512) 345-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)