

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90389 028 ***158.75

DOCUMENT # F00000001372

1. Entity Name
ASSOCIATION CASUALTY INSURANCE COMPANY

Principal Place of Business
**3420 EXECUTIVE CENTER DR
 #200
 AUSTIN TX 78731**

Mailing Address
**P.O. BOX 9728
 AUSTIN TX 78766**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3420 Executive Center Drive

3. Mailing Address
 Suite, Apt. #, etc.
#160

City & State
Austin, Tx

City & State

4. FEI Number
74-1958653

Applied For
 Not Applicable

Zip
78731

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKEY, GARY L
 1661 SANDSPUR RD.
 MAITLAND FL 32751**

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 *Evelyn Hickey*
Signature, typed or printed name of registered agent and title, if applicable.

Evelyn Hickey

4/8/02

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, HAROLD K 3420 EXECUTIVE CENTER DR., #200 AUSTIN TX 78731	<input checked="" 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 checked="" 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		<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	President, Director Morris, Dianne 3420 Executive Center Dr., #160 Austin, Tx 78731	<input checked="" 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	Secretary, Treasurer, Director Hickey, Evelyn R. 3420 Executive Center Dr., #160 Austin, Tx 78731	<input checked="" 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	Vice President, Director Payne, Christy L. 3420 Executive Center Dr., #160 Austin, Tx 78731	<input type="checkbox"/> Change <input checked="" 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: *Evelyn Hickey* **Evelyn Hickey** **4/8/02** **(512) 345-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)