


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000001372
 1. Entity Name
 ASSOCIATION CASUALTY INSURANCE COMPANY



Principal Place of Business Mailing Address
 3420 EXECUTIVE CENTER DR P.O. BOX 9728
 #160 AUSTIN, TX 78766
 AUSTIN, TX 78731



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-1958653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BURKEY, GARY L.
 1661 SANDSPUR RD.
 MAITLAND, FL 32751

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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. I am familiar with, and accept the obligations of registered agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAYNE, CHRISTY L 3420 EXECUTIVE CENTER DR, #160 AUSTIN, TX 78731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, DIANNE K 3420 EXECUTIVE CENTER DR, #160 AUSTIN, TX 78731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HICKEY, EVELYN R 3420 EXECUTIVE CENTER DR, #160 AUSTIN, TX 78731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOWELL, HILTON H JR. 4370 PEACHTREE RD., NE ATLANTA, GA 303193000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000362004
 05/05/05-80099-015 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/26/05 (512) 345-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #