


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90184 034 ***150.00

DOCUMENT # F00000001372

1. Entity Name
ASSOCIATION CASUALTY INSURANCE COMPANY



Principal Place of Business
3420 EXECUTIVE CENTER DR #160 AUSTIN, TX 78731

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

40066341



2. Principal Place of Business
3420 Executive Center Dr.

3. Mailing Address
Suite 200

Suite, Apt. #, etc.
Suite 200

04262006 Chg-P CR2E034 (11/05)

City & State
Austin, TX

City & State

4. FEI Number
74-1958653

Applied For
 Not Applicable

Zip
78731

Country
USA

Zip

Country

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	PAYNE, CHRISTY L	
STREET ADDRESS	3420 EXECUTIVE CENTER DR, #160	
CITY-ST-ZIP	AUSTIN, TX 78731	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, DIANNE K	
STREET ADDRESS	3420 EXECUTIVE CENTER DR, #160	
CITY-ST-ZIP	AUSTIN, TX 78731	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HICKEY, EVELYN R	
STREET ADDRESS	3420 EXECUTIVE CENTER DR, #160	
CITY-ST-ZIP	AUSTIN, TX 78731	
TITLE	C	<input type="checkbox"/> Delete
NAME	HOWELL, HILTON H JR.	
STREET ADDRESS	4370 PEACHTREE RD., NE	
CITY-ST-ZIP	ATLANTA, GA 303193000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3420 Executive Center Dr., #200	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3420 Executive Center Dr., #200	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3420 Executive Center Dr., #200	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Evelyn Hickey* **Evelyn Hickey** **4-26-06** **(512) 345-7500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #