

F00000001372

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

ASSOCIATION CASUALTY INSURANCE COMPANY

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of TEXAS in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ASSOCIATION CASUALTY INSURANCE COMPANY
- 2. The principal office address: 2420 EXECUTIVE CENTER DRIVE SUITE 200
AUSTIN TX 78731
- 3. The mailing address (if different): P.O. BOX 9728
AUSTIN, TX 78766
- 4. Date of incorporation/qualification: 3/14/00 Document number: F0000001372
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GARY L. BURKEY
1401 SANDSPUR ROAD
MAITLAND, FL 32751

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
(P.O. Box NOT acceptable)
PLANTATION, FL 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Katherine L. Slonina KATHERINE L. SLONINA
(Signature of an officer or director) (Printed or typed name and title)
ASSISTANT VICE-PRESIDENT

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Carin Bay 10/25/2007
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
SECRETARY OF STATE
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CE28045 (8/05)