


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90524 017 ***158.75

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **74-1958653** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 30319-3000	
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 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		
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 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: *Evelyn Hickey* **Evelyn Hickey** **4/18/03** **(512) 345-7500**

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

CR2E034 (10/02)