

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **834438** (4)

1. Corporation Name
USAA GENERAL INDEMNITY COMPANY



Principal Place of Business Mailing Address
**9600 FREDERICKSBURG RD
SAN ANTONIO TX 78288
US** **9600 FREDERICKSBURG RD.
SAN ANTONIO TX 78268
US**

3. Date Incorporated or Qualified **05/28/1975** 3a. Date of Last Report **01/31/1995**
4. FEI Number **74-1718283** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32304**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	EMANUEL, H. L.
STREET ADDRESS	9800 FREDERICKSBURG RD. SAN ANTONIO, TX 00000
CITY-ST-ZIP	CD <input type="checkbox"/> DELETE
TITLE	HERRES, ROBERT T.
NAME	9800 FREDERICKSBURG RD. SAN ANTONIO, TX 00000
STREET ADDRESS	EVD <input checked="" type="checkbox"/> DELETE
CITY-ST-ZIP	PATTERSON, JAMES A.
TITLE	9800 FREDERICKSBURG RD. SAN ANTONIO, TX 00000
NAME	PD <input type="checkbox"/> DELETE
STREET ADDRESS	COONEY, WILSON C
CITY-ST-ZIP	9800 FREDERICKSBURG RD SAN ANTONIO, TX 00000
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	MCCRAE, WILLIAM
STREET ADDRESS	9800 FREDERICKSBURG RD SAN ANTONIO, TX 00000
CITY-ST-ZIP	VDT <input type="checkbox"/> DELETE
TITLE	ROBLES, JOSUE JR.
NAME	9800 FREDERICKSBURG RD SAN ANTONIO, TX 00000
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D Benjamin T. Hacker
13 STREET ADDRESS	9800 Fredericksburg Road
14 CITY-ST-ZIP	San Antonio TX 78288
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD Jeffrey A. Lewis
3.3 STREET ADDRESS	9800 Fredericksburg Road
3.4 CITY-ST-ZIP	San Antonio TX 78288
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SVD Bradford W. Rich
5.3 STREET ADDRESS	9800 Fredericksburg Road
5.4 CITY-ST-ZIP	San Antonio TX 78288
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information presented on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bradford W. Rich* **Bradford W. Rich** 2/14/96 210/498-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

USAA GENERAL INDEMNITY COMPANY

12. (Continued)

Directors

John E. Ryan, Jr.
9800 Fredericksburg Rd.
San Antonio, TX 78288

Edward L. Schrenk
9800 Fredericksburg Rd.
San Antonio, TX 78288

M. Staser Holcomb
9800 Fredericksburg Rd.
San Antonio, TX 78288

Steven F. Goldberg
9800 Fredericksburg Rd.
San Antonio, TX 78288

Vice Presidents

John E. Ryan, Jr.
9800 Fredericksburg Rd.
San Antonio, TX 78288

Edward L. Schrenk
9800 Fredericksburg Rd.
San Antonio, TX 78288

Ronald W. Holtkamp
9800 Fredericksburg Rd.
San Antonio, TX 78288

Joseph W. House
9800 Fredericksburg Rd.
San Antonio, TX 78288

Janice E. Marshall
9800 Fredericksburg Rd.
San Antonio, TX 78288

Michael J. Quinlan
9800 Fredericksburg Rd.
San Antonio, TX 78288

John J. Wolcott
9800 Fredericksburg Rd.
San Antonio, TX 78288

Steven F. Goldberg
9800 Fredericksburg Rd.
San Antonio, TX 78288

Thomas V. Draude
9800 Fredericksburg Rd.
San Antonio, TX 78288