

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2: 31

DOCUMENT # 836021 (6)

1. Corporation Name
J.C. PENNEY CASUALTY INSURANCE COMPANY

Principal Place of Business Mailing Address
2700 W. PLANO PKWY. PLANO TX 75075

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/24/1976** 3a. Date of Last Report **04/14/1994**

4. FEI Number **31-4423946** 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	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
200 E. GAINES STREET
LARSON BUILDING
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (Signature of Registered Agent required when reappointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD WILLIAMS, FRED A 15523 BAY POINT DR DALLAS TX	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	VDT FESPERMAN, JOHN 6524 DARTBROOK DALLAS TX	1.2 NAME	
12.3 NAME	SC MORRIS, L KEITH 1021 REVERE CIR PLANO TX	1.3 STREET ADDRESS	
12.4 NAME	V CHRISTENSEN, DONALD B. 6467 CLIFFBROOK DR DALLAS TX	1.4 CITY - ST - ZIP	
12.5 NAME	V CREVELING, DONALD S. 4004 WILSHIRE CT. PLANO TX	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	CD SPURLOCK, TED L 5719 TIMBERBENT DR DALLAS TX	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	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), Florida Statutes. I further certify that the information indicated 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: Donald B. Christensen Sr. V.P. & Controller
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR DIRECTOR