

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **836021** (6)

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



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

3. Date Incorporated or Qualified: **03/24/1976**  
3a. Date of Last Report: **03/08/1995**  
4. FEI Number: **31-4423946**  
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: **21**  
2a. Mailing Address: **26**  
22. Subj. Apt. #, etc.: **27**  
23. City & State: **28**  
24. Zip: **29** Country: **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  
B1 Name: **S00001714209**  
B2 Street Address (P.O. Box Number is Not Acceptable): **02/14/96 00000-000  
\*\*\*200.00**  
B3  
B4 City: **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1309, 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 607.0609, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, FRED A	
STREET ADDRESS	15523 BAY POINT DR	
CITY, ST, ZIP	DALLAS TX	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	FESPERMAN, JOHN	
STREET ADDRESS	6524 DARTBROOK	
CITY, ST, ZIP	DALLAS TX	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	MORRIS, L KEITH	
STREET ADDRESS	1021 REVERE CIR	
CITY, ST, ZIP	PLANO TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, DONALD B.	
STREET ADDRESS	6467 CLIFFBROOK DR	
CITY, ST, ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUITER, GEORGE E	
STREET ADDRESS	2025 LAMBERT COURT	
CITY, ST, ZIP	PLANO TX	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SPURLOCK, TED L	
STREET ADDRESS	5719 TIMBERBENT DR	
CITY, ST, ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	2700 W. Plano Parkway
14. CITY, ST, ZIP	Plano, Texas 75075
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	2700 W. Plano Parkway
24. CITY, ST, ZIP	Plano, Texas 75075
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	2700 W. Plano Parkway
34. CITY, ST, ZIP	Plano, Texas 75075
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	2700 W. Plano Parkway
44. CITY, ST, ZIP	Plano, Texas 75075
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	2700 W. Plano Parkway
54. CITY, ST, ZIP	Plano, Texas 75075
61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	6501 Legacy Drive
64. CITY, ST, ZIP	Plano, Texas 75024-0007

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 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 of this report as an individual with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (214) 857-6000

CR2E034 (12/95)