

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 75075-8205
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3. Date Incorporated or Qualified 03/24/1976	3a. Date of Last Report 02/09/1996
4. FEI Number 31-4423946	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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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 **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, FRED A	
STREET ADDRESS	2700 W. PLANO PARKWAY	
CITY - ST - ZIP	PLANO TX 75075	
TITLE	VDT	<input checked="" type="checkbox"/> DELETE
NAME	FESPERMAN, JOHN	
STREET ADDRESS	2700 W. PLANO PARKWAY	
CITY - ST - ZIP	PLANO TX 75075	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	MORRIS, L KEITH	
STREET ADDRESS	2700 W. PLANO PARKWAY	
CITY - ST - ZIP	PLANO TX 75075	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, DONALD B.	
STREET ADDRESS	2700 W. PLANO PARKWAY	
CITY - ST - ZIP	DALLAS TX 75075	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUITER, GEORGE E	
STREET ADDRESS	2700 W. PLANO PARKWAY	
CITY - ST - ZIP	PLANO TX 75075	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SPURLOCK, TED L	
STREET ADDRESS	2700 W. PLANO PARKWAY	
CITY - ST - ZIP	PLANO TX 75075	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sr. Vice President, Treasurer
2.3 STREET ADDRESS	Carter, Rodney (NMI)
2.4 CITY - ST - ZIP	2700 W. Plano Parkway Plano, Texas 75075-8200
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 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 do 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 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: _____ DATE: **1/29/97** DAYTIME PHONE: **(972) 881-8460**

CR2E034 (9/96)