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Secretary of State

03-02-1999 90066 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836021

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1976	
21	22	26	27	4. FEI Number 31-4423946	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STATE INSURANCE COMMISSIONER 200 E. GAINES STREET LARSON BUILDING TALLAHASSEE FL 32399				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D, Vice Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, FRED A	1.2 NAME	Williams, Fred A.
STREET ADDRESS	2700 W. PLANO PARKWAY	1.3 STREET ADDRESS	2700 W. Plano Parkway
CITY-ST-ZIP	PLANO TX 75075	1.4 CITY-ST-ZIP	Plano, TX 75075
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISE, DONALD L	2.2 NAME	
STREET ADDRESS	2700 W. PLANO PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75075	2.4 CITY-ST-ZIP	
TITLE	SC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLO, JOHN R	3.2 NAME	
STREET ADDRESS	2700 W. PLANO PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75075	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	VP and Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTENSEN, DONALD B.	4.2 NAME	Gatewood, Walter A.
STREET ADDRESS	2700 W. PLANO PARKWAY	4.3 STREET ADDRESS	2700 W. Plano Parkway
CITY-ST-ZIP	DALLAS TX 75075	4.4 CITY-ST-ZIP	Plano, TX 75075
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITER, GEORGE E	5.2 NAME	
STREET ADDRESS	2700 W. PLANO PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75075	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	D, Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPURLOCK, TED L	6.2 NAME	Fesperman, John E.
STREET ADDRESS	2700 W. PLANO PARKWAY	6.3 STREET ADDRESS	6501 Legacy Dr.
CITY-ST-ZIP	PLANO TX 75075	6.4 CITY-ST-ZIP	Plano, TX 75024-0007

14. 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 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, with all other like empowered.

SIGNATURE: John R. Camillo **REQUIRED** (972) 881-2500
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)