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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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/24/1976	
4. FEI Number 31-4423946	Applied For <input 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 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

**STATE INSURANCE COMMISSIONER
 200 E. GAINES STREET
 LARSON BUILDING
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, FRED A	
STREET ADDRESS	2700 W. PLANO PARKWAY	
CITY-ST-ZIP	PLANO TX 75075	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HEISE, DONALD L	
STREET ADDRESS	2700 W. PLANO PARKWAY	
CITY-ST-ZIP	PLANO TX 75075	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	CAMILLO, JOHN R	
STREET ADDRESS	2700 W. PLANO PARKWAY	
CITY-ST-ZIP	PLANO TX 75075	
TITLE	V	<input checked="" 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 checked="" 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	D, Vice Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, Fred A.	
1.3 STREET ADDRESS	2700 W. Plano Parkway	
1.4 CITY-ST-ZIP	Plano, TX 75075	
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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP and Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gatewood, Walter A.	
4.3 STREET ADDRESS	2700 W. Plano Parkway	
4.4 CITY-ST-ZIP	Plano, TX 75075	
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	D, Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fesperman, John E.	
6.3 STREET ADDRESS	6501 Legacy Dr.	
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)