

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90021 047 ***150.00

DOCUMENT # 836021

1. Entity Name

J.C. PENNEY CASUALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

2700 W. PLANO PKWY.
 PLANO TX 75075

2700 W. PLANO PKWY.
 PLANO TX 75075-8205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-4423946

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VCD <input checked="" type="checkbox"/> Delete	TITLE	D P & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, FRED A.	NAME	Romasco, Robert G.
STREET ADDRESS	2700 W. PLANO PARKWAY	STREET ADDRESS	2700 W. Plano Parkway
CITY-ST-ZIP	PLANO TX 75075	CITY-ST-ZIP	Plano, TX 75075-8200
TITLE	VPT <input checked="" type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEISE, DONALD L.	NAME	Rohner, Regina V.
STREET ADDRESS	2700 W. PLANO PARKWAY	STREET ADDRESS	2700 W. Plano Parkway
CITY-ST-ZIP	PLANO TX 75075	CITY-ST-ZIP	Plano, TX 75075-8200
TITLE	SC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLO, JOHN R	NAME	
STREET ADDRESS	2700 W. PLANO PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75075	CITY-ST-ZIP	
TITLE	VPC <input checked="" type="checkbox"/> Delete	TITLE	VP & Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTENSEN, DONALD B.	NAME	Gatewood, Walter A.
STREET ADDRESS	2700 W. PLANO PARKWAY	STREET ADDRESS	2700 W. Plano Parkway
CITY-ST-ZIP	DALLAS TX 75075	CITY-ST-ZIP	Plano, TX 75075-8200
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITER, GEORGE E	NAME	
STREET ADDRESS	2700 W. PLANO PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75075	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FESPERMAN, JOHN E	NAME	
STREET ADDRESS	6501 LEGACY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75024-0007	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Camillo

John R. Camillo, Secretary

4-11-00

972-881-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)