

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001869

FILED
Feb 21, 2011
Secretary of State

Entity Name: USAA CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

9800 FREDERICKSBURG RD.
SAN ANTONIO, TX 78288

New Principal Place of Business:

Current Mailing Address:

9800 FREDERICKSBURG RD.
SAN ANTONIO, TX 78288

New Mailing Address:

FEI Number: 59-3019540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PARKER, STUART B
Address: 9800 FREDERICKSBURG RD.
City-St-Zip: SAN ANTONIO, TX 78288

Title: T
Name: MCQUISTON, EDWIN T
Address: 9800 FREDERICKSBURG RD.
City-St-Zip: SAN ANTONIO, TX 78288

Title: VD
Name: GANNON, ALICE H
Address: 9800 FREDERICKSBURG RD.
City-St-Zip: SAN ANTONIO, TX 78288

Title: DS
Name: BENNETT, STEVEN A
Address: 9800 FREDERICKSBURG RD.
City-St-Zip: SAN ANTONIO, TX 78288

Title: D
Name: KRAPF, ALAN W
Address: 9800 FREDERICKSBURG RD.
City-St-Zip: SAN ANTONIO, TX 78288

Title: CD
Name: ROBLES, JOSUE JR.
Address: 9800 FREDERICKSBURG RD.
City-St-Zip: SAN ANTONIO, TX 78288

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN A BENNETT

DS

02/21/2011

Electronic Signature of Signing Officer or Director

_____ Date