

F0000000/1869

Florida Department of State
Division of Corporations
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To: Division of Corporations
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TALLAHASSEE, FLORIDA
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REGISTERED AGENT CHANGE
USAA CASUALTY INSURANCE COMPANY

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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[Handwritten signature]
8-16-12
RJ Chang

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: USAA CASUALTY INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: F00000001869

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

Letty.Rodriguez@usaa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: USAA CASUALTY INSURANCE COMPANY
- 2. The principal office address: 9800 FREDERICKSBURG RD., SAN ANTONIO, TX 78288
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 04/03/2000 Document number: F00000001869

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200) 200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000 US

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

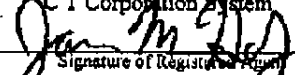
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road Plantation,
Florida 33324
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Kristin Bolden, Secretary
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By:  8/14/2012
Signature of Registered Agent Date

If signing on behalf of an entity:
James M. Halpin
Assistant Secretary
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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