


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L87073 (7)**

1. Corporation Name  
**USAA CASUALTY INSURANCE COMPANY**

Principal Place of Business <b>9800 FREDERICKSBURG RD                  SAN ANTONIO TX 78269                  US</b>	Mailing Address <b>9800 FREDERICKSBURG RD.                  SAN ANTONIO TX 78298                  US</b>
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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 <b>07/16/1990</b>	
4. FEI Number <b>59-3019540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
 THE CAPITAL  
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HERRES, ROBERT T.	
STREET ADDRESS	9800 FREDERICKSBURG RD	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HACKER, BENJAMIN T	
STREET ADDRESS	9800 FREDERICKSBURG RD	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COONEY, WILSON C.	
STREET ADDRESS	9800 FREDERICKSBURG ROAD	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	RICH, BRADFORD W	
STREET ADDRESS	9800 FREDERICKSBURG ROAD	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GOLDBERG, STEVEN	
STREET ADDRESS	9800 FREDERICKSBURG ROAD	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT G	
STREET ADDRESS	9800 FREDERICKSBURG RD	
CITY-ST-ZIP	SAN ANTONIO TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	REGIONAL VICE PRESIDENT <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, upon an attachment with an address.

CR2E034 (10/97)

USAA CASUALTY INSURANCE COMPANY

12. (Continued)

Directors

Josue Robles, Jr.  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

John E. Ryan, Jr.  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Bruce W. Clements  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Jeffrey A. Lewis  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Henry Viccellio, Jr.  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Vice Presidents

Josue Robles, Jr.  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

John E. Ryan, Jr.  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Susan K. Evers  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Ronald W. Holtkamp  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Richard B. Fowler  
2241 Harvard  
Sacramento, CA 95815

Bruce W. Clements  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Michael J. Quinlan  
1855 Telstar Dr.  
Colorado Springs, CO 80920-9936

Kent H. Williams  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Jeffrey A. Lewis  
9800 Fredericksburg Rd.  
San Antonio, TX 78288

Thomas V. Draude  
17200 Commerce Park Blvd.  
Tampa, FL 33647

Rudolph Ostovich, III  
9800 Fredericksburg Rd.  
San Antonio, TX 78288