


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

06594

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90109 019 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L87073</b> 1. Corporation Name <b>USAA CASUALTY INSURANCE COMPANY</b>			
Principal Place of Business <b>9800 FREDERICKSBURG RD</b> <b>SAN ANTONIO TX 78288</b> <b>US</b>		Mailing Address <b>9800 FREDERICKSBURG RD.</b> <b>SAN ANTONIO TX 78288</b> <b>US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent <b>FLORIDA INSURANCE COMMISSIONER</b> <b>THE CAPITAL</b> <b>TALLAHASSEE FL 32304</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRES, ROBERT T.	1.2 NAME	
STREET ADDRESS	9800 FREDERICKSBURG RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	1.4 CITY-ST-ZIP	
TITLE	RVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKER, BENJAMIN T	2.2 NAME	
STREET ADDRESS	9800 FREDERICKSBURG RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, WILSON C.	3.2 NAME	COONEY, WILSON C
STREET ADDRESS	9800 FREDERICKSBURG ROAD	3.3 STREET ADDRESS	9800 FREDERICKSBURG RD.
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	SAN ANTONIO, TX 78288
TITLE	DVS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, BRADFORD W	4.2 NAME	
STREET ADDRESS	9800 FREDERICKSBURG ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, STEVEN	5.2 NAME	
STREET ADDRESS	9800 FREDERICKSBURG ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT G	6.2 NAME	
STREET ADDRESS	9800 FREDERICKSBURG RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Bradford W. Rich

02/08/99

Date

(210)498-1888

Daytime Phone #

CR2E034 (11/98)

USAA CASUALTY INSURANCE COMPANY

234685-90109-19  
L87073

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  
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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

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2241 Harvard  
Sacramento, CA 95815

Bruce W. Clements  
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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

Joseph J. Dantone  
5800 Northampton Blvd.  
Norfolk, VA 23502