


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

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90043 026 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000074809

1. Corporation Name  
USAA INSURANCE AGENCY, INC.

Principal Place of Business 17200 COMMERCE PARK BLVD. TAMPA FL 33647	Mailing Address 17200 COMMERCE PARK BLVD. TAMPA FL 33647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1998	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-3535925	Applied For Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	25	30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/C/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSANE, EDWIN L	1.2 NAME	
STREET ADDRESS	12510 ELM MANOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78230	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, JOHN W	2.2 NAME	
STREET ADDRESS	29348 DEWBERRY RIDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR OAKS RANCH TX 78015	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, KENNETH A	3.2 NAME	
STREET ADDRESS	219 BRANCH OAK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78230	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALINSKI, RICHARD T JR.	4.2 NAME	
STREET ADDRESS	1214 WHITE PINE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78232	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JEFFREY A	5.2 NAME	
STREET ADDRESS	6 VICTORY GREEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78257	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard T. Halinski, Jr.

2/15/99

Date

(210) 498-0656

Daytime Phone #

CR2E034 (11/98)

0338134

*USAA Insurance Agency, Inc.*

2/12/99

254249-90013-26  
P98000074809

**ADDITIONS:**

V

Joseph S. Calvelli  
110 Box Oak  
San Antonio, TX 78230

V

Bruce W. Clements  
325 Branch Oak Way  
San Antonio, TX 78230

V

Robert L. Hoagland  
927 Fabulous  
San Antonio, TX 78213

V

Michael J. Quinlan  
18 Broadmoor Avenue  
Colorado Springs, CO 80906

V/T

James A. Robinson  
13135 Hunters Spring  
San Antonio, TX 78230

V

Arthur E. Settles  
15831 Eagle Cliff  
San Antonio, TX 78232

V

Leldon "Jack" Ward  
11239 Woodridge Forest  
San Antonio, TX 78249