

**2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F00000001869

**FILED**  
**Aug 05, 2024**  
**Secretary of State**  
**5157204357CC**

**Entity Name:** USAA CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

9800 FREDERICKSBURG RD.  
SAN ANTONIO, TX 78288

**Current Mailing Address:**

9800 FREDERICKSBURG RD.  
SAN ANTONIO, TX 78288

**FEI Number:** 59-3019540

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name SEYBOLD, BRETT  
Address 9800 FREDERICKSBURG ROAD  
City-State-Zip: SAN ANTONIO TX 78288

Title CHAIRMAN, PRESIDENT, PROPERTY AND CASUALTY INSURANCE GROUP  
Name TERMEER, RANDY  
Address 9800 FREDERICKSBURG ROAD  
City-State-Zip: SAN ANTONIO TX 78288

Title ASSISTANT VICE PRESIDENT - SECRETARY  
Name ARMSTRONG, KELLY  
Address 9800 FREDERICKSBURG ROAD  
City-State-Zip: SAN ANTONIO TX 78288

Title SENIOR VICE PRESIDENT - CHIEF ACCOUNTING OFFICER  
Name WEBER, BRADLEY  
Address 9800 FREDERICKSBURG RD.  
City-State-Zip: SAN ANTONIO TX 78288

Title SENIOR VICE PRESIDENT - CORPORATE TREASURER  
Name JACKSON, MELISSA  
Address 9800 FREDERICKSBURG RD.  
City-State-Zip: SAN ANTONIO TX 78288

Title VICE CHAIRMAN OF THE BOARD, SENIOR VICE PRESIDENT - CHIEF P&C ACTUARY AND HEAD OF ANALYTICS  
Name CUMMINGS, ARTHUR (DAVID)  
Address 9800 FREDERICKSBURG RD.  
City-State-Zip: SAN ANTONIO TX 78288

Title DIRECTOR  
Name BRAGGS, ROBERT  
Address 9800 FREDERICKSBURG RD.  
City-State-Zip: SAN ANTONIO TX 78288

Title DIRECTOR  
Name DUNN, DEBRA  
Address 9800 FREDERICKSBURG RD.  
City-State-Zip: SAN ANTONIO TX 78288

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*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:** BRADLEY WEBER

**SENIOR VICE PRESIDENT 08/05/2024**  
**- CHIEF ACCOUNTING**  
**OFFICER**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SMITH, EVA  
Address        9800 FREDERICKSBURG RD.  
City-State-Zip: SAN ANTONIO TX 78288

Title           DIRECTOR  
Name           WALSH, KATHLEEN ORES  
Address        9800 FREDERICKSBURG RD.  
City-State-Zip: SAN ANTONIO TX 78288