

and EEOC

State or local Agency, if any

00-2931

NAME (Indicate Mr., Ms., Mrs.)

Mr. Ronald W. Henry

HOME TELEPHONE (Include Area Code)

(813) 961-6542

STREET ADDRESS

15305 Lazy Lake Place, Tampa, FL 33624

CITY, STATE AND ZIP CODE

DATE OF BIRTH

03/31/1952

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

USAA

NUMBER OF EMPLOYERS, MEMBERS

cat. D (501 +)

TELEPHONE (Include Area Code)

(813) 615-4000

STREET ADDRESS

17200 Commerce Park Boulevard, Tampa, FL 33647-0000

CITY, STATE AND ZIP CODE

COUNTY

057

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

- RACE
- COLOR
- SEX
- RELIGION
- NATIONAL ORIGIN
- RETALIATION
- AGE
- DISABILITY
- OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE

EARLIEST

LATEST

07/20/1998

12/22/1998

CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

PERSONAL HARM:

On July 20, 1998, I was informed that I had not been selected to retain my position as manager and I would be considered to be a Customer Insurance Team Consultant. In August and December 1998, I was not selected for a manager position. In mid-October 1998, I was demoted to the position of Senior Claims Adjuster.

RESPONDENT'S REASON FOR ADVERSE ACTION:

Chrystal McDaniel, District Manager, told me that I was not selected because I was not enough of a "cheerleader type" and I lacked leadership qualities. George Weiland, District Manager, criticized by judgemental ability.

STATEMENT OF DISCRIMINATION:

I believe I have been discriminated against because of my age, 46, in violation of the Age Discrimination in Employment Act of 1967, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)

Date 1/7/99 Charging Party (Signature)