


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003855 1. Entity Name UNITED STATES SURETY COMPANY	
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Principal Place of Business 20 WEST AYLESBURY ROAD TIMONIUM, MD 21093	Mailing Address P.O. BOX 5605 TIMONIUM, MD 21094-5605
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DO NOT WRITE IN THIS SPACE



01112005	No Chg-P	CR2E034 (10/03)
4. FEI Number 52-1976385	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000187931
01/24/05-80035-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS KLEIN, MICHAEL J 10751 FALLS ROAD BROOKLANDVILLE, MD 21022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEIN, RICHARD E 20 WEST AYLESBURY ROAD TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEVIN, CAROL T 20 WEST AYLESBURY ROAD TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLEIN, JUSTIN R 10751 FALLS DRIVE BROOKLANDVILLE, MD 21022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard E. Klein, Secy.* Date: 1/11/05 Daytime Phone #: 410-453-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR