

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

**FILED**  
**Jul 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P15813 (9)**  
 1. Corporation Name  
**U.S. SPECIALTY INSURANCE COMPANY**



Principal Place of Business <b>411 AVIATION WAY FREDERICK MD 21701</b>	Mailing Address <b>411 AVIATION WAY FREDERICK MD 21701</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 <b>13403 Northwest Frwy.</b>
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 <b>Houston, TX</b>
24 Zip	29 <b>77040-6094</b>
25 Country	30 <b>USA</b>

3. Date Incorporated or Qualified <b>09/03/1987</b>	
4. FEI Number <b>52-1504975</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CONDON, WILLIAM P.</b>
STREET ADDRESS	<b>11510 BOTTOMLEY ROAD</b>
CITY-ST-ZIP	<b>THURMONT MD</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SHETTLE, JOHN F. JR.</b>
STREET ADDRESS	<b>4710 ROLAND AVE.</b>
CITY-ST-ZIP	<b>BALTIMORE MD</b>
TITLE	<b>SO</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHERO, THOMAS H.</b>
STREET ADDRESS	<b>15233 DUFIEF DRIVE</b>
CITY-ST-ZIP	<b>GAITHERSBURG MD</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DALPINI, MICHAEL G.</b>
STREET ADDRESS	<b>255 SPENCER RD</b>
CITY-ST-ZIP	<b>ST PETERS MO</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WALKER, HARRY C</b>
STREET ADDRESS	<b>411 AVIATION WAY</b>
CITY-ST-ZIP	<b>FREDERICK MD</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BALLARD, JOHN H.</b>
STREET ADDRESS	<b>411 AVIATION WAY</b>
CITY-ST-ZIP	<b>FREDERICK MD</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D, P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Smith, Peter B. Jr.</b>
1.3 STREET ADDRESS	<b>13403 Northwest Frwy</b>
1.4 CITY-ST-ZIP	<b>Houston, TX 77040-6094</b>
2.1 TITLE	<b>S, V, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Martin, Christopher L.</b>
2.3 STREET ADDRESS	<b>13403 Northwest Frwy</b>
2.4 CITY-ST-ZIP	<b>Houston, TX 77040-6094</b>
3.1 TITLE	<b>T, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Tuffly, L. Edward</b>
3.3 STREET ADDRESS	<b>13403 Northwest Frwy</b>
3.4 CITY-ST-ZIP	<b>Houston, TX 77040-6094</b>
4.1 TITLE	<b>V, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Ellis, Edward H. Jr.</b>
4.3 STREET ADDRESS	<b>13403 Northwest Frwy</b>
4.4 CITY-ST-ZIP	<b>Houston, TX 77040-6094</b>
5.1 TITLE	<b>V, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Molbeck, John N. Jr.</b>
5.3 STREET ADDRESS	<b>13403 Northwest Frwy</b>
5.4 CITY-ST-ZIP	<b>Houston, TX 77040-6094</b>
6.1 TITLE	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Way, Stephen L.</b>
6.3 STREET ADDRESS	<b>13403 Northwest Frwy</b>
6.4 CITY-ST-ZIP	<b>Houston, TX 77040-6094</b>

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, 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 of this report or an attachment with an address.

SIGNATURE: \_\_\_\_\_ Christopher L. Martin (713) 766-0602

CR2E034 (10/97)