

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

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
**411 AVIATION WAY
FREDERICK MD 21701**

Mailing Address
**411 AVIATION WAY
FREDERICK MD 21701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/03/1987	
21		26		4. FEI Number 52-1504975	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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	
25		30		10. Name and Address of New Registered Agent	
25		30		81 Name	
25		30		82 Street Address (P.O. Box Number is Not Acceptable)	
25		30		83	
25		30		84 City	
25		30		85 Zip Code	

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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 or director, 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 checked="" type="checkbox"/> DELETE	1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONDON, WILLIAM P.		1.2 NAME	Smith, Peter B. Jr.			
STREET ADDRESS	11510 BOTTOMLEY ROAD		1.3 STREET ADDRESS	13403 Northwest Frwy			
CITY-ST-ZIP	THURMONT MD		1.4 CITY-ST-ZIP	Houston, TX 77040-6094			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S, V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHETTLE, JOHN F. JR.		2.2 NAME	Martin, Christopher L.			
STREET ADDRESS	4710 ROLAND AVE.		2.3 STREET ADDRESS	13403 Northwest Frwy			
CITY-ST-ZIP	BALTIMORE MD		2.4 CITY-ST-ZIP	Houston, TX 77040-6094			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHERO, THOMAS H.		3.2 NAME	Tuffly, L. Edward			
STREET ADDRESS	15233 DUFIEF DRIVE		3.3 STREET ADDRESS	13403 Northwest Frwy			
CITY-ST-ZIP	GAITHERSBURG MD		3.4 CITY-ST-ZIP	Houston, TX 77040-6094			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALPINI, MICHAEL G.		4.2 NAME	Ellis, Edward H. Jr.			
STREET ADDRESS	255 SPENCER RD		4.3 STREET ADDRESS	13403 Northwest Frwy			
CITY-ST-ZIP	ST PETERS MO		4.4 CITY-ST-ZIP	Houston, TX 77040-6094			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, HARRY C		5.2 NAME	Molbeck, John N. Jr.			
STREET ADDRESS	411 AVIATION WAY		5.3 STREET ADDRESS	13403 Northwest Frwy			
CITY-ST-ZIP	FREDERICK MD		5.4 CITY-ST-ZIP	Houston, TX 77040-6094			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALLARD, JOHN H.		6.2 NAME	Way, Stephen L.			
STREET ADDRESS	441 AVIATION WAY		6.3 STREET ADDRESS	13403 Northwest Frwy			
CITY-ST-ZIP	FREDERICK MD		6.4 CITY-ST-ZIP	Houston, TX 77040-6094			

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; that 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 on an attachment with an address.

SIGNATURE

Christopher L. Martin

(713) 744-0602

CR2E034 (10/97)