

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 9:18

DOCUMENT # **P26190** (9)

1. Corporation Name
UNIVERSAL SURETY OF AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
950 ECHO LANE SUITE 250 HOUSTON TX 77024 US **PO BOX 1068 HOUSTON TE 77251-1068 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/27/1989	3a. Date of Last Report 02/23/1994
4. FEI Number 76-0090463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
22 Same	27 Same
23 Same	28 Same
24 Same	29 Same
25 Same	30 Same

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32399	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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD KNOX, JOHN T., JR. 950 ECHO LANE SUITE 250 HOUSTON TE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	D Bobman, Ronald D. 950 Echo Lane Suite 250 Houston, Texas 77024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD MCREYNOLDS, JOHN L., JR 950 ECHO LANE HOUSTON TE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	D Kirby, Joe P. 950 Echo Lane Suite 250 Houston, Texas 77024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T GJON, RICARDO ALFREDO 950 ECHO LANE SUITE 250 HOUSTON TE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	D Esselborn, Bruec A. 950 Echo Lane Suite 250 Houston, Texas 77024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SICOLA, SAM WILLIAM 950 ECHO LANE, SUITE 250 HOUSTON TE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	D Rosenberg, Shell Zyman 950 Echo Lane 250 Houston, Texas 77024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD LOZADA, PETER HENRY 950 ECHO LANE SUITE 250 HOUSTON TX	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	D Robertson, Marie Jane 950 Echo Lane Suite 250 Houston, Texas 77024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD BETANCOURT, BARBARA D. 950 ECHO LANE SUITE 250 HOUSTON TE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	D Greenberg, Authur A. 950 Echo Lane Suite 250 Houston, Texas 77024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 116.07(3)(b), 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. 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 12 or Block 13 of this report, or as an attachment with or without.

SIGNATURE: *Ricardo Alfonso Gjon* Ricardo Gijon 2/24/95 (713) 722-4670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)