

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P26190 (9)

1. Corporation Name
UNIVERSAL SURETY OF AMERICA, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1989	3a. Date of Last Report 03/16/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 76-0090463	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399**

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

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KNOX, JOHN T., JR.	1.2 NAME	
STREET ADDRESS	950 ECHO LANE SUITE 250	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TE	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	MCREYNOLDS, JOHN L., JR.	2.2 NAME	Esselborn, Bruce A.
STREET ADDRESS	950 ECHO LANE	2.3 STREET ADDRESS	5557 Stapleton Dr.
CITY-ST-ZIP	HOUSTON TE	2.4 CITY-ST-ZIP	Dunwoody, GA 30338
TITLE	T	3.1 TITLE	
NAME	GIJON, RICARDO ALFREDO	3.2 NAME	
STREET ADDRESS	950 ECHO LANE SUITE 250	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TE	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD
NAME	SICOLA, SAM WILLIAM	4.2 NAME	Robertson, Mary Jane
STREET ADDRESS	950 ECHO LANE, SUITE 250	4.3 STREET ADDRESS	60 Standish Ave NW
CITY-ST-ZIP	HOUSTON TE	4.4 CITY-ST-ZIP	Atlanta, GA 30349
TITLE	VD	5.1 TITLE	S
NAME	LOZADA, PETER HENRY	5.2 NAME	Obuchowski, Susan S.
STREET ADDRESS	950 ECHO LANE SUITE 250	5.3 STREET ADDRESS	1901 F. N. Orchard St Unit F
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	Chicago, IL 64614
TITLE	VD	6.1 TITLE	V
NAME	BETANCOURT, BARBARA D.	6.2 NAME	Stonebraker, Kelly L.
STREET ADDRESS	950 ECHO LANE SUITE 250	6.3 STREET ADDRESS	1016 Sheridan Rd
CITY-ST-ZIP	HOUSTON TE	6.4 CITY-ST-ZIP	Wilmette, IL 60091

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ April 9, 1996 713 722 4670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)