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

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

**FILED
Mar 31 1998 8:00am
Secretary of State**

DOCUMENT # P26190   **(9)**

1. Corporation Name
UNIVERSAL SURETY OF AMERICA, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/27/1989

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

4. FEI Number
76-0090463

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution   **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 FL
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 _____

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

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PD**	☐ DELETE	1.1 TITLE	PD	☒ Change	☐ Addition
NAME	KNOX, JOHN T., JR.		1.2 NAME	John Loren McReynolds, Jr.		
STREET ADDRESS	950 ECHO LANE SUITE 250		1.3 STREET ADDRESS	950 Echo Lane Suite 250		
CITY-ST-ZIP	HOUSTON TE		1.4 CITY-ST-ZIP	Houston, Texas 77024		
TITLE	**VD**	☐ DELETE	2.1 TITLE	VD	☒ Change	☐ Addition
NAME	ESSELBORN, BRUCE A.		2.2 NAME	John Simon Heneghan		
STREET ADDRESS	5557 STAPLETON DR		2.3 STREET ADDRESS	CNA Plaza		
CITY-ST-ZIP	DUNWOODY GA		2.4 CITY-ST-ZIP	Chicago IL		
TITLE	**T**	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
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**	☐ DELETE	4.1 TITLE	VD	☒ Change	☐ Addition
NAME	ROBERTSON, MARY JANE		4.2 NAME	Thomas Alan Pottle		
STREET ADDRESS	60 STANDISH AVE NW		4.3 STREET ADDRESS	CNA Plaza		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Chicago, IL		
TITLE	**S**	☐ DELETE	5.1 TITLE	S	☒ Change	☐ Addition
NAME	OBUCHOWSKI, SUSAN S.		5.2 NAME	Thomas Alan Pottle		
STREET ADDRESS	1901 F.N. ORCHARD ST, UNIT F		5.3 STREET ADDRESS	CNA Plaza		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	Chicago, IL		
TITLE	**V**	☐ DELETE	6.1 TITLE	Sam William Sicola	☐ Change	☐ Addition
NAME	STONEBRAKER, KELLY L.		6.2 NAME	950 Echo Lane Suite 250		
STREET ADDRESS	1016 SHERIDAN RD		6.3 STREET ADDRESS	Houston, Texas 77024		
CITY-ST-ZIP	WILMETTE IL		6.4 CITY-ST-ZIP			

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 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: _____   Ricardo A. Gijon   Treasurer 3/17/98 713 722 4670

CR2E034 (10/97)