

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90043 027 ***150.00

DOCUMENT # P26190

1. Entity Name
UNIVERSAL SURETY OF AMERICA, INC.

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

449010



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 76-0090463 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32399 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | FL | | Zip Code | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|---------------------------|--|--|---|----------------------------|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete | | TITLE | PD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | AYO, ROBERT E | | | NAME | Vonnahme, Mark C | | |
| STREET ADDRESS | CNA PLAZA 13 SOUTH | | | STREET ADDRESS | CNA Plaza - 13 South | | |
| CITY-ST-ZIP | CHICAGO IL 60685 | | | CITY-ST-ZIP | Chicago, IL 60685 | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HENEGHAN, JOHN S | | | NAME | | | |
| STREET ADDRESS | CNA PLAZA | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHICAGO IL | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COOPER, MELISSA D | | | NAME | | | |
| STREET ADDRESS | 101 S PHILLIPS AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SIOUX FALL SD 57104-6703 | | | CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | POTTLE, THOMAS A | | | NAME | | | |
| STREET ADDRESS | CNA PLAZA | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHICAGO IL | | | CITY-ST-ZIP | | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | LIVELY, PAUL T | | | NAME | Tanenhaus, Enid | | |
| STREET ADDRESS | CNA PLAZA | | | STREET ADDRESS | CNA Plaza - 13 South | | |
| CITY-ST-ZIP | CHICAGO IL 60685 | | | CITY-ST-ZIP | Chicago, IL 60685 | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | VS | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LUNDY, PHILIP E | | | NAME | Lundy, Philip E | | |
| STREET ADDRESS | 101 S. PHILLIPS AVE | | | STREET ADDRESS | 101 S. Phillips Ave | | |
| CITY-ST-ZIP | SIOUX FALLS SD 57104-6703 | | | CITY-ST-ZIP | Sioux Falls, SD 57104-6703 | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip E. Lundy 04-24-02 (605) 336-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)

429573

Attachment # P26190

Additional Officers and Directors (Box 12)

D Addition
Dougherty, Michael A
CNA Plaza - 13 South
Chicago, IL 60685

D Addition
Warnecke, Casey
CNA Plaza - 13 South
Chicago, IL 60685

D Addition
Waters, William P
CNA Plaza - 13 South
Chicago, IL 60685