


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90443 032 \*\*\*150.00

**DOCUMENT # P26190**  
 1. Entity 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

94063303

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P. O. Box 5077**  
 Suite, Apt. #, etc.

City & State  
**Sioux Falls, SD**

Zip Country  
**57117-5077 Minnehaha**



04212004 Chg-P CR2E034 (10/03)

4. FEI Number  
**76-0090463**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV COOPER, MELISSA D 101 S PHILLIPS AVENUE SIOUX FALLS, SD 571046703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John F. Welch CNA Plaza Chicago, IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANENHAUS, ENID CNS PLAZA-13 SOUTH CHICAGO, IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John F. Corcoran CNA Plaza Chicago, IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, MICHAEL A CNS PLAZA-13 SOUTH CHICAGO, IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thomas A. Pottle CNA Plaza Chicago, IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, WILLIAM P CNS PLAZA-13 SOUTH CHICAGO, IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, MONTE 101 S PHILLIPS AVENUE SIOUX FALLS, SD 571046703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUNDY, PHILIP E 101 S. PHILLIPS AVE SIOUX FALLS, SD 571046703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip E. Lundy **Philip E. Lundy** 04-22-04 **(605) 336-0850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone