


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P26190
1. Entity Name
UNIVERSAL SURETY OF AMERICA, INC.



Principal Place of Business _____ Mailing Address _____
950 ECHO LANE P.O. BOX 5077
SUITE 250 SIOUX FALLS, SD 57117-5077 US
HOUSTON, TX 77024 US



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

110000372094
07/11/05-80018-006 550.00

10. OFFICERS AND DIRECTORS

TITLE	TV
NAME	COOPER, MELISSA D
STREET ADDRESS	101 S PHILLIPS AVENUE
CITY-ST-ZIP	SIOUX FALLS, SD 571046703
TITLE	D
NAME	TANENHAUS, ENID
STREET ADDRESS	CNS PLAZA-13 SOUTH
CITY-ST-ZIP	CHICAGO, IL 60685
TITLE	D
NAME	DOUGHERTY, MICHAEL A
STREET ADDRESS	CNS PLAZA-13 SOUTH
CITY-ST-ZIP	CHICAGO, IL 60685
TITLE	D
NAME	WATERS, WILLIAM P
STREET ADDRESS	CNS PLAZA-13 SOUTH
CITY-ST-ZIP	CHICAGO, IL 60685
TITLE	D
NAME	HANSON, MONTE
STREET ADDRESS	101 S PHILLIPS AVENUE
CITY-ST-ZIP	SIOUX FALLS, SD 571046703
TITLE	VS
NAME	LUNDY, PHILIP E
STREET ADDRESS	101 S. PHILLIPS AVE
CITY-ST-ZIP	SIOUX FALLS, SD 571046703

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 07-07-05 (605) 336-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #