

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26190

FILED
Apr 21, 2010
Secretary of State

Entity Name: UNIVERSAL SURETY OF AMERICA, INC.

Current Principal Place of Business:

101 S PHILLIPS AVE
SIOUX FALLS, SD 571175077 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5077
SIOUX FALLS, SD 571175077 US

New Mailing Address:

FEI Number: 76-0090463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: WELCH, JOHN F
Address: 333 S WABASH AVE
City-St-Zip: CHICAGO, IL 60604

Title: V
Name: COOPER, MELISSA D
Address: 101 S PHILLIPS AVE
City-St-Zip: SIOUX FALLS, SD 57104

Title: VD
Name: DOUGHERTY, MICHAEL A
Address: 333 S WABASH AVE
City-St-Zip: CHICAGO, IL 60604

Title: VD
Name: WATERS, WILLIAM P
Address: 333 S WABASH AVE
City-St-Zip: CHICAGO, IL 60604

Title: VD
Name: HANSON, MONTE
Address: 101 S PHILLIPS AVENUE
City-St-Zip: SIOUX FALLS, SD 571046703

Title: VS
Name: LUNDY, PHILIP E
Address: 101 S. PHILLIPS AVE
City-St-Zip: SIOUX FALLS, SD 571046703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP E LUNDY

VS

04/21/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date