

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26190

FILED
Apr 15, 2012
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:

333 S. WABASH AVE.
43RD FL
CHICAGO, IL 60604 US

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: MOTAMED, THOMAS F
Address: 333 S WABASH AVE
City-St-Zip: CHICAGO, IL 60604

Title: SD
Name: KANTOR, JONATHAN D
Address: 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60604

Title: T
Name: MIRALLES, ALBERT J JR.
Address: 333 S WABASH AVE
City-St-Zip: CHICAGO, IL 60604

Title: SVPD
Name: DARCY, STATHY
Address: 333 S WABASH AVE
City-St-Zip: CHICAGO, IL 60604

Title: CFOD
Name: MENSE, D. CRAIG
Address: 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60604

Title: P
Name: LINDERMANN, ROBERT A
Address: 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60604

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: STATHY DARCY

SVP

04/15/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date