
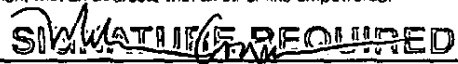


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90123 028 ***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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32399		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD VONNAHME, MARK C CNA PLAZA 13 SOUTH CHICAGO IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV COOPER, MELISSA D. 101 S. PHILLIPS AVENUE SIOUX FALLS SD 57104-6703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENEHGAN, JOHN S CNA PLAZA CHICAGO IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANENHAUS, ENID CNA PLAZA - 13 SOUTH CHICAGO IL 60685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, MELISSA D 101 S PHILLIPS AVE SIOUX FALL SD 57104-6703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, -MICHAEL-A. CNA PLAZA - 13 SOUTH CHICAGO IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTTLE, THOMAS A CNA PLAZA CHICAGO IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, WILLIAM P. CNA PLAZA - 13 SOUTH CHICAGO IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TANENHAUS, ENID CNA PLAZA-13 SOUTH CHICAGO IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, MONTE 101 S. PHILLIPS AVENUE SIOUX FALLS SD 57104-6703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUNDY, PHILIP E 101 S. PHILLIPS AVE SIOUX FALLS SD 57104-6703 <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: 		MELISSA D. COOPER 04/22/03 605-336-0850	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (10/02)

attachment 80125373

~~80125373~~
#P26190

Universal Surety of America
2003 Uniform Business Report
Attachment to Line 10
FEI 76-0090463

Officer to Delete:

D

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