

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 29 1996 8:00 am
Secretary of State

DOCUMENT # 208424 (2)

1. Corporation Name

UNITED SOUTHERN ASSURANCE COMPANY

Principal Place of Business

100 RIALTO PL S #600
P O BOX 2648 (329022648)
MELBOURNE FL 32901

Mailing Address

100 RIALTO PL S #600
P O BOX 2648 (329022648)
MELBOURNE FL 32901

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/23/1957

3a. Date of Last Report

05/16/1995

4. FEI Number

59-0896256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITAL BUILDING
TALLAHASSEE FL 32231

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation or agent of the corporation

(If the Registered Agent is a corporation, the signature of the president or other officer of the corporation is required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
PD	CRESCIO, JOSEPH PUAL	309 TRITON CT	INDIAN HARBOR BEACH FL	<input checked="" type="checkbox"/>
S	GARRISON, JULIE ANN	408 CHAPMAN PLACE	CLAYTON CA	<input type="checkbox"/>
D	RICCI, BRUCE A	132 TIVOLI LANE	DANVILLE CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P/D	MOWRY, EVA MARIE	2240 BENT PINE STREET	MELBOURNE, FLORIDA 32952	<input type="checkbox"/>
T/D	BETANCO, BISMARCK GERARDO	100 RIALTO PLACE, SUITE # 600	MELBOURNE, FLORIDA 32901	<input checked="" type="checkbox"/>
S	BETHKE, BRIAN DALE	1450-C ENEA CIRCLE, SUITE # 500	CONCORD, CA 94520	<input checked="" type="checkbox"/>
D	GARRISON, JULIE ANN	408 CHAPMAN PLACE	CLAYTON, CA 94517	<input checked="" type="checkbox"/>
D	THIE, THOMAS MICHAEL	1325 SUMMIT ROAD	LAFAYETTE, CA 94549	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bismarck G. Betanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bismarck G. Betanco

05/20/96

(407)984-2941

CR2E034 (12/95)