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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **208424** **(2)**

1. Corporation Name
UNITED SOUTHERN ASSURANCE COMPANY

Principal Place of Business	Mailing Address
100 RIALTO PL S #600 P O BOX 2648 (329022648) MELBOURNE FL 32901	100 RIALTO PL S #600 P O BOX 2648 (329022648) MELBOURNE FL 32902-2648

3. Date Incorporated or Qualified: **12/23/1957**
3a. Date of Last Report: **05/29/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	MOWRY, EVA MARIE		1.2 NAME	Esco, Sandra Kay	
STREET ADDRESS	2240 BENT PINE ST		1.3 STREET ADDRESS	100 Rialto Place, Suite 600	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	S	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	GARRISON, JULIE ANN		2.2 NAME	Kostyk, Edward Andrew	
STREET ADDRESS	408 CHAPMAN PLACE		2.3 STREET ADDRESS	100 Rialto Place, Suite 600	
CITY-ST-ZIP	CLAYTON CA		2.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BETANCO, BISMARCK GERAR		3.2 NAME	Ricci, Bruce Andrew	
STREET ADDRESS	100 RIALTO PLACE, SUITE 600		3.3 STREET ADDRESS	1450-C Enea Circle, Suite 500	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Concord, California 94520	
TITLE	S	☐ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	BETHKE, BRIAN DALE		4.2 NAME		
STREET ADDRESS	1450-C ENEA CIR., STE 500		4.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THIE, THOMAS MICHAEL		5.2 NAME		
STREET ADDRESS	1325 SUMMIT RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE CA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: Eva M Mowry Eva Marie Mowry, President 4/29/97 (407) 984-2941