

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003855

FILED
Apr 04, 2007
Secretary of State

Entity Name: UNITED STATES SURETY COMPANY

Current Principal Place of Business:

20 WEST AYLESBURY ROAD
TIMONIUM, MD 21093

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5605
TIMONIUM, MD 210945605

New Mailing Address:

FEI Number: 52-1976385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: CD () Delete
Name: ELLIS, JR., EDWARD H
Address: 13403 NORTHWEST FRWY
City-St-Zip: HOUSTON, TX 77040

Title: P () Delete
Name: KLEIN, RICHARD E
Address: 20 WEST AYLESBURY ROAD
City-St-Zip: TIMONIUM, MD 21093

Title: VD () Delete
Name: THOMAS, ROBERT F
Address: 13403 NORTHWEST FRWY
City-St-Zip: HOUSTON, TX 77040

Title: T () Delete
Name: CRUITT, JEROME F
Address: 9841 AIRPORT BLVD
City-St-Zip: LOS ANGELES, CA 90045

Title: SD () Delete
Name: MARTIN, CHRISTOPHER L
Address: 13403 NORTHWEST FRWY
City-St-Zip: HOUSTON, TX 77040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SIMMONS, JAMES L
Address: 13403 NORTHWEST FRWY
City-St-Zip: HOUSTON, TX 77040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES L. SIMMONS

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04/04/2007

Electronic Signature of Signing Officer or Director

_____ Date