2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# F05000006187

Entity Name: UNITED CASUALTY AND SURETY INSURANCE COMPANY

Current Principal Place of Business:

170 MILK STREET
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

170 MILK STREET
BOSTON, MA 02109

New Mailing Address:

FEI Number: 58-1847495 **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 32399 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: DCP ( ) Delete
Name: CARRIGAN, TODD S
Address: 96 SIMS ROAD
City-St-Zip: WOLLASTON, MA 02170

Title: VCVP ( ) Delete
Name: CARRIGAN, THOMAS P JR
Address: 15 PERRY ROAD
City-St-Zip: WOLLASTON, MA 02170

Title: D ( ) Delete
Name: CARRIGAN, CAROL A
Address: 23 PERRY ROAD
City-St-Zip: WOLLASTON, MA 02170

Title: ST ( ) Delete
Name: CARRIGAN, TIMOTHY M
Address: 5 PERRY ROAD
City-St-Zip: WOLLASTON, MA 02170

Title: D ( ) Delete
Name: DEFRANCESCHI, EDWARD
Address: 323 CLARK ROAD
City-St-Zip: BROOKLINE, MA 02146

Title: D ( ) Delete
Name: GLYNN, JOHN B
Address: 27 MYERS FARM ROAD
City-St-Zip: HINGHAM, MA 02043

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY M. CARRIGAN ST 04/27/2007

Electronic Signature of Signing Officer or Director — Date