


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90569 043 \*\*\*150.00

<b>DOCUMENT # F97000005351</b>	
1. Entity Name <b>UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA</b>	

Principal Place of Business <b>673 CHERRY LANE SOUDERTON, PA 18964</b>	Mailing Address <b>673 CHERRY LANE SOUDERTON, PA 18964</b>
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**20036508**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04112005 Chg-P CR2E034 (10/03) -

4. FEI Number  
**23-2227246**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>

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

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

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDES, RONALD A</b>	NAME	
STREET ADDRESS	<b>354 SOUTH HAMILTON STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TELFORD, PA</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENS, MARTHA</b>	NAME	
STREET ADDRESS	<b>652 WEST ST ANDREWS DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEDIA, PA</b>	CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZBYSZINSKI, CECILIA M</b>	NAME	<b>Zbyszinski, Cecelia M</b>
STREET ADDRESS	<b>117 WINTER DRIVE</b>	STREET ADDRESS	<b>673 Cherry Lane</b>
CITY-ST-ZIP	<b>NORTH WALES, PA 19454</b>	CITY-ST-ZIP	<b>SOUDERTON, PA 18964</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLEMENS, GREGORY R</b>	NAME	<b>Gramm, Richard</b>
STREET ADDRESS	<b>362 MELVINO RD.</b>	STREET ADDRESS	<b>673 Cherry Lane</b>
CITY-ST-ZIP	<b>TELFORD, PA 18969</b>	CITY-ST-ZIP	<b>SOUDERTON PA 18964</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINNER, FREDERICK C</b>	NAME	
STREET ADDRESS	<b>729 Salford Station Rd</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SCHWENKSVILLE, PA 19473</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDES, GREGORY S</b>	NAME	
STREET ADDRESS	<b>206 SOUTH ALLENTOWN ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TELFORD, PA</b>	CITY-ST-ZIP	

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:** *Cecelia M Zbyszinski* **CECELIA M. ZBYSZINSKI** 4/15/05 723-3044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #