


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90042 006 ***150.00

DOCUMENT # F97000005351

1. Entity Name
UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA



Principal Place of Business Mailing Address
673 CHERRY LANE **673 CHERRY LANE**
SOUDERTON, PA 18964 **SOUDERTON, PA 18964**

40021041



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02152007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
23-2227246 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PCD LANDES, RONALD A STREET ADDRESS 354 SOUTH HAMILTON STREET CITY-ST-ZIP TELFORD, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD STEPHENS, MARTHA STREET ADDRESS 652 WEST ST ANDREWS DR CITY-ST-ZIP MEDIA, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VSD ZBYSZINSKI, CECELIA M STREET ADDRESS 673 CHERRY LANE CITY-ST-ZIP SOUDERTON, PA 18964	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D CLEMENS, GREGORY R STREET ADDRESS 362 MELVINO RD. CITY-ST-ZIP TELFORD, PA 18969	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D WINNER, FREDERICK C STREET ADDRESS 729 SALFORD STATION RD CITY-ST-ZIP SCHWENKSVILLE, PA 19473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D LANDES, GREGORY S STREET ADDRESS 206 SOUTH ALLENTOWN ROAD CITY-ST-ZIP TELFORD, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Zbyszynski Cecelia M. Zbyszynski 2/16/07 215-723-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #