2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# F97000005351

Entity Name: UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA

Current Principal Place of Business:

673 CHERRY LANE
SOUDERTON, PA 18964

New Principal Place of Business:

673 EAST CHERRY LANE
SOUDERTON, PA 18964

Current Mailing Address:

673 CHERRY LANE
SOUDERTON, PA 18964

New Mailing Address:

673 EAST CHERRY LANE
SOUDERTON, PA 18964

FEI Number: 23-2227246 **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 323990000 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: PD ( ) Delete
Name: LANDES, RONALD A
Address: 354 SOUTH HAMILTON STREET
City-St-Zip: TELFORD, PA 18969

Title: SV ( ) Delete
Name: ZBYSZINSKI, CECELIA M
Address: 673 CHERRY LN
City-St-Zip: SOUDERTON, PA 18964

Title: VSD ( ) Delete
Name: ZBYSZINSKI, CECELIA M
Address: 673 CHERRY LANE
City-St-Zip: SOUDERTON, PA 18964

Title: D ( ) Delete
Name: KOLOJAY, TIMOTHY M
Address: 673 CHERRY LN
City-St-Zip: SOUDERTON, PA 18964

Title: D ( ) Delete
Name: HALDEMAN, ROBERT B
Address: 673 CHERRY LANE
City-St-Zip: SOUDERTON, PA 18964

Title: D ( ) Delete
Name: LANDES, GREGORY S
Address: 206 SOUTH ALLENTOWN ROAD
City-St-Zip: TELFORD, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition
Name: NEUGROSCHEL, WILLIAM J
Address: 673 EAST CHERRY LANE
City-St-Zip: SOUDERTON, PA 18964

Title: VD (X) Change ( ) Addition
Name: STEPHENS, MARTHA
Address: 673 EAST CHERRY LANE
City-St-Zip: SOUDERTON, PA 18964

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: MARTHA STEPHENS VD 03/06/2009

Electronic Signature of Signing Officer or Director — Date