14. 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 annual report or supplemental annual 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 12 of Block 13 if changed, or on an glachment with an address. **SIGNATURE** 

CITY-ST-ZIP

6.4 CITY-ST-ZIP

## United States Assurance Corporation

July 16, 1998

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee FL 32302-1500

Dear Sir or Madam:

Enclosed please find replacement check in the amount of \$150.00.

As always the first check was mailed on time to your office along with our other companies, Union Insurance of North America, American Medical Health Agency, Fidelity Insurance Marketing Company and United States Assurance Corporation. However the latter, United States Assurance Corporation is missing and has never been received by your office.

As mentioned above please find our check for \$150.00 If there are any questions please do not hesitate to contact me at my office, at the toll free number listed above.

Sincerely,

Andrew Katlin President

