FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **841425** **(2)**

1. Corporation Name
USF RE INSURANCE COMPANY

Principal Place of Business	Mailing Address
650 TOWN CENTER DRIVE, SUITE 1600 COSTA MESA CA 92626	650 TOWN CENTER DRIVE, SUITE 1600 COSTA MESA CA 92626

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/12/1978**
3a. Date of Last Report: **03/14/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **04-1590940** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
PLAZA LEVEL II, THE CAPITOL
TALLAHASSEE, FLORIDA DFL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	DC ☒ Change ☐ Addition
NAME	KADONADA, GEORGE	12 NAME	CARGILE, DAVID L.
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600	13 STREET ADDRESS	650 TOWN CENTER DRIVE, SUITE 1600
CITY-ST-ZIP	COSTA MESA CA 92626	14 CITY-ST-ZIP	COSTA MESA, CA 92626
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	GRUSH, JOHN T.	22 NAME	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600	23 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA	24 CITY-ST-ZIP	
TITLE	DVT	31 TITLE	☐ Change ☐ Addition
NAME	BURKE, MARK	32 NAME	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600	33 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA	34 CITY-ST-ZIP	
TITLE	DVS	41 TITLE	☐ Change ☐ Addition
NAME	VELASCO, JOSE A	42 NAME	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600	43 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	GABBARD, CURTIS A.	52 NAME	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600	53 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	MULLIGAN, ROSEMARY L	62 NAME	SINGER, HOWARD S.
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600	63 STREET ADDRESS	6200 N. HIAWATHA AVENUE
CITY-ST-ZIP	COSTA MESA CA 92626	64 CITY-ST-ZIP	CHICAGO, IL 60646

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **JOSE A. VELASCO** **4/25/1995** **(714) 549-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0442361 FP