FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

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

1. Corporation Name
USF RE INSURANCE COMPANY

Principal Place of Business
650 TOWN CENTER DRIVE. SUITE 1600
COSTA MESA CA 92626

Mailing Address
650 TOWN CENTER DRIVE. SUITE 1600
COSTA MESA CA 92626

3. Date Incorporated or Qualified: **09/12/1978**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 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 Section 607.1502, 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. 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARGILE, DAVID		1.2 NAME	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600		1.3 STREET ADDRESS	
CITY, ST, ZIP	COSTA MESA CA		1.4 CITY, ST, ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRUSH, JOHN T.		2.2 NAME	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600		2.3 STREET ADDRESS	
CITY, ST, ZIP	COSTA MESA CA		2.4 CITY, ST, ZIP	
TITLE	DVT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, MARK		3.2 NAME	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600		3.3 STREET ADDRESS	
CITY, ST, ZIP	COSTA MESA CA		3.4 CITY, ST, ZIP	
TITLE	DVS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VELASCO, JOSE A		4.2 NAME	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600		4.3 STREET ADDRESS	
CITY, ST, ZIP	COSTA MESA CA		4.4 CITY, ST, ZIP	
TITLE	DV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GABBARD, CURTIS A.		5.2 NAME	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600		5.3 STREET ADDRESS	
CITY, ST, ZIP	COSTA MESA CA		5.4 CITY, ST, ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SINGER, HOWARD S		6.2 NAME	
STREET ADDRESS	6200 N HIAWATHA AVE		6.3 STREET ADDRESS	
CITY, ST, ZIP	CHICAGO IL		6.4 CITY, ST, ZIP	

CR2E034 (12/95)

14. I (the person), certify that the information supplied with this filing is voluntarily furnished and 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 a 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 added above with an address.

SIGNATURE: _____ April 26, 1996 (714) 549-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #