FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
650 TOWN CENTER DRIVE, SUITE 1600 COSTA MESA CA 92626	650 TOWN CENTER DRIVE, SUITE 1600 COSTA MESA CA 92626-7138

3. Date Incorporated or Qualified: 09/12/1978
3a. Date of Last Report: 05/01/1996

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 _____ Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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		

14. I do 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **SR. V.P., SECRETARY & GENERAL COUNSEL** **4/28/1997** **(714) 549-1600**

CR2E034 (9/96)