

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
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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 92626-7138
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/12/1978	3a. Date of Last Report 05/01/1996
				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	

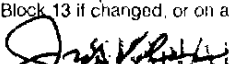
9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER PLAZA LEVEL II, THE CAPITOL TALLAHASSEE, FLORIDA DFL 32399-0300		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. 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 _____ printed name of 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)