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04-27-1999 90164 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **841425**

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 Qualifed: 09/12/1978

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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

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

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	☐ 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	CAPORALE, CHARLES M		3.2 NAME		
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1600		3.3 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA CA 92626		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	5215 OLD ORCHARD ROAD, SUITE 300	
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP	SKOKIE, IL 60077	

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 or Block 13 if changed or on an attachment with an address, with a letter like empowered.

SIGNATURE: _____ JOSE A. VELASCO, SR. V.P., CAO, SECRETARY & GENERAL COUNSEL 4/22/1999 (714) 549-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)