

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **J73962** (9)

1. Corporation Name

PREMIER-USI INSURANCE GROUP, INC.

Principal Place of Business

**7000 W. PALMETTO PK RD.
P. O. BOX 2428
BOCA RATON FL 33427-9428**

Mailing Address

**7000 W. PALMETTO PK RD.
P. O. BOX 2428
BOCA RATON FL 33427-9428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1987

4. FEI Number

59-2807215

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**CRYAN, GREGORY J
7000 W. PALMETTO PK RD.
SUITE B-18
BOCA RATON FL 33427**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PTD
CRYAN, GREGORY J**
STREET ADDRESS **7000 W. PALMETTO PK RD**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **CD
MIZEL, BERNARD H**
STREET ADDRESS **235 PINE STREET, SUITE 1000**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

TITLE ☐ DELETE

NAME **SD
O'CONNOR, MATTHEW J**
STREET ADDRESS **7000 W. PALMETTO PARK ROAD, SUITE B-18**
CITY-ST-ZIP **BOCA RATON FL 33427**

TITLE ☐ DELETE

NAME **VD
ADDEO, JOHN**
STREET ADDRESS **470 PARK AVENUE SOUTH, 6TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ DELETE

NAME **D
KARP, MICHAEL C**
STREET ADDRESS **TWO SOUTH UNIVERSITY DRIVE, SUITE 220**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ DELETE

NAME **AS
SCARBOROUGH, JAY**
STREET ADDRESS **235 PINE STREET, SUITE 1000**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

1/30/98

1/15 263-2105

CP2E034 (10/97)