

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 5739102

1. Corporation Name

Premier - USI Insurance Group, Inc.

Principal Place of Business

Mailing Address

7000 W. Palmetto Park Road
P.O. Box 2428
Boca Raton, FL 33427-9428

FILED
99 AUG 27 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/21/87

4. FEI Number
59-2807215

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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 *Kama R. Duff*

(NOTE: Registered Agent signature required when reinstating)

DATE

8/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	Gregory Cryan	
STREET ADDRESS	7000 W. Palmetto Park Road	
CITY-ST-ZIP	Boca Raton, FL 33427	
TITLE	CEO/Director	<input type="checkbox"/> DELETE
NAME	Mathew J. O'Connor	
STREET ADDRESS	7000 W. Palmetto Park Road	
CITY-ST-ZIP	Boca Raton, FL 33427	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Wendy Lang	
STREET ADDRESS	2 South university Drive, #220	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Director/Chairman	<input type="checkbox"/> DELETE
NAME	Bernard H. Mizel	
STREET ADDRESS	50 California Street, 24th Fl.	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Ernest J. Newborn, II	
STREET ADDRESS	50 California Street, 24th Fl.	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Michael T. Leonard	
STREET ADDRESS	50 California Street	
CITY-ST-ZIP	San Francisco, CA 94111	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: *Ernest Newborn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/25/99 4152632161

CR2E034 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 355280 7139998

AUTHORIZATION : *Patricia Pajute*

COST LIMIT : \$ 558.75

ORDER DATE : August 26, 1999

ORDER TIME : 11:37 AM

ORDER NO. : 355280-015

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
50 California St.
24th Floor
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: PREMIER - USI INSURANCE
GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Pierce

EXAMINER'S INITIALS: _____