

2000 UNIFORM BUSINESS REPORT (UBR)

(REV. 4/99)

DOCUMENT # J73962

1. Entity Name
PREMIER-USI INSURANCE GROUP, INC.

FILED

00 MAR 15 PM 3: 35

Principal Place of Business
7000 W. PALMETTO PARK RD
P. O. BOX 2428
BOCA RATON FL 33427-9428

Mailing Address
7000 W. PALMETTO PARK RD
P. O. BOX 2428
BOCA RATON FL 33433-3424

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Two S. University Dr.

Suite, Apt. #, etc.
220

City & State
Plantation, FL

Zip
33324

Country
USA

3. Mailing Address
50 California St

Suite, Apt. #, etc.
24th 7100f

City & State
San Francisco, CA

Zip
94111

Country
USA

4. FEI Number
59-2807215

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Corporation Service Company
By: **Bobbie Hall, Asst. Vice President** **3/13/2000**

SIGNATURE *Bobbie Hall* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRYAN, GREGORY	
STREET ADDRESS	7000 W. PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL 33427-9428	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	O'CONNOR, MATHEW J	
STREET ADDRESS	7000 W. PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL 33427-9428	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANG, WENDY	
STREET ADDRESS	2 SOUTH UNIVERSITY DR., #220	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MIZEL, BERNARD H	
STREET ADDRESS	50 CALIFORNIA STREET., 24TH FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWBORN, ERNEST J	
STREET ADDRESS	50 CALIFORNIA STREET., 24TH FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEONARD, MICHAEL J	
STREET ADDRESS	50 CALIFORNIA STREET., 24TH FL	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Karp	
STREET ADDRESS	Two S. University Dr. #220	
CITY-ST-ZIP	Plantation, FL 333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernest J. Newborn* **3/13/00**

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

CR2E034 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 620947 7139998

AUTHORIZATION : *Patricia Piguet*

COST LIMIT : \$ 158.75

ORDER DATE : March 10, 2000

ORDER TIME : 11:08 AM

ORDER NO. : 620947-135

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: ~~Amy Lampi~~

Christine

EXAMINER'S INITIALS:

RECEIVED
 00 MAR 15 PM 1:07
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA