2001 UNIFORM BUSINESS REPORT (UBR)

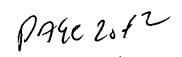
PAGC (of 2 **DOCUMENT # J73962** PREMIER-USI INSURANCE GROUP, INC. FILED 01 MAR 28 PM 1: 29 Principal Place of Business Mailing Address TWO S. UNIVERSITY DRIVE 50 CALIFORNIA STREET SECRETARY OF STATE SUITE 220 24TH FLOOR PLANTATION FL 33324 SAN FRANCISCO CA 94111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2807215 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change TITLE ☐ Delete TITLE CRYAN, GREGORY NAME 000003923540--3 NAME 7000 W. PALMETTO PARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33427-9428** CITY-ST-ZIP CEOD ☐ Delete ☐ Channe ☐ Addition TITLE TITLE O'CONNOR, MATHEW J NAME NAME 7000 W. PALMETTO PARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33427-9428** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE LANG, WENDY NAME NAME 2 SOUTH UNIVERSITY DR., #220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE MIZEL, BERNARD H NAME NAME 50 CALIFORNIA STREET., 24TH FL STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94111 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEWBORN, ERNEST J NAME 50 CALIFORNIA STREET., 24TH FL STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94111 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete LEONARD, MICHAEL J NAME NAME 50 CALIFORNIA STREET., 24TH FL STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94111 CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 supplied entail 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 peckiyer or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informa-

SIGNATURE:

changed, or on an attac

YED NAME OF SIGNING OFFICER

with all other like empowered.





ACCOUNT NO. : 072100000032

REFERENCE : 094368 7139998

AUTHORIZATION

COST LIMIT

ORDER DATE: March 27, 2001

ORDER TIME : 10:03 AM

ORDER NO. : 094368-010

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart

Usi Holdings, Inc.

24th Floor

50 California Street

San Francisco, CA 94111

ANNUAL REPORT FILING

NAME:

PREMIER-USI INSURANCE

GROUP, INC.

XX ANNUAL REPORT							
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CONTACT PERSON: SUSIE KNIGHT EXT: 1156

EXAMINER'S INITIALS: