

# 2001 UNIFORM BUSINESS REPORT (UBR)

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0593463

DOCUMENT # P28086

1. Entity Name

JONES, HILL & MERCER EMPLOYEE BENEFITS, INC.

FILED

01 MAR 30 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4150 INTERNATIONAL PLAZA FT. WORTH TX 76109	Mailing Address % USI INSURANCE SERVICES 50 CALIFORNIA ST., #24 SAN FRANCISCO CA 94111
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0167355	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 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
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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 600003931916--9

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P PENNINGTON, JAMES M 4150 INTERNATIONAL PLAZA FT. WORTH TX 76109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLEY, JUDY N 4150 INTERNATIONAL PLAZA FT. WORTH TX 76109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERLOCK, CHRISTOPHER M 4150 INTERNATIONAL PLAZA FT. WORTH TX 76109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, JAMES F JR. 4150 INTERNATIONAL PLAZA FT. WORTH TX 76109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZEL, BERNARD H 50 CALIFORNIA STREET, 24 FLOOR SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHILL, THOMAS P 4351 LATHAM STREET, SUITE 100 RIVERSIDE CA 92501 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 attached statement of another like empowered.

SIGNATURE:

*Judy N Kelley*

NAME OF SIGNING OFFICER OR DIRECTOR

Judy N Kelley

3/21/01

Date

Daytime Phone #

SP

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032  
REFERENCE : 093664 7139998  
AUTHORIZATION : *Patricia Kizito*  
COST LIMIT : \$ 150.00

ORDER DATE : March 27, 2001  
ORDER TIME : 10:38 AM  
ORDER NO. : 093664-085  
CUSTOMER NO: 7139998  
CUSTOMER: Ms. Linda Hart  
Usi Holdings, Inc.  
24th Floor  
50 California Street  
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: JONES, HILL & MERCER  
EMPLOYEE BENEFITS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS 1133

EXAMINER'S INITIALS:

RECEIVED  
01 MAR 30 PM 1:17  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA