

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 23 1996 8:00 am
Secretary of State

DOCUMENT # P30651

(4)

1. Corporation Name

USF INSURANCE COMPANY

Principal Place of Business

1760 MARKET STREET
7TH FLOOR
PHILADELPHIA PA 19103

Mailing Address

1760 MARKET STREET
7TH FLOOR
PHILADELPHIA PA 19103

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

3. Date Incorporated or Qualified

08/17/1990

3a. Date of Last Report

01/20/1995

4. FEI Number

23-0597040

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32399-0300

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 607.0102 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 must be printed in full below agent's title, and

Printed Registered Agent Signature required after month of

Date of Signature

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GUILFOYLE, RICHARD L	
STREET ADDRESS	1760 MARKET ST.	
CITY-STATE-ZIP	PHILADELPHIA PA	
TITLE	VAS	☐ DELETE
NAME	REILLY, FRANCIS M.	
STREET ADDRESS	1760 MARKET ST	
CITY-STATE-ZIP	PHILADELPHIA PA	
TITLE	T	☐ DELETE
NAME	RUFO, STEPHEN R.	
STREET ADDRESS	1760 MARKET ST.	
CITY-STATE-ZIP	PHILADELPHIA PA	
TITLE	AVP	☐ DELETE
NAME	KULBICK, GLENN L	
STREET ADDRESS	1760 MARKET ST.	
CITY-STATE-ZIP	PHILADELPHIA PA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changes, or on an addition with an address.

SIGNATURE:

Stephen R. Rufo STEPHEN R RUFO

1/16/96

215-563-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)