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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90164 031 ***150.00

DOCUMENT # P30651

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

21 100 CAMPUS DRIVE

2a. Mailing Address

26 100 CAMPUS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 310

27 SUITE 310

City & State

23 FLORHAM PARK, NJ 07932

City & State

28 FLORHAM PARK, NJ 07932

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1990

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **HURLMAN, WILLIAM G.**
CITY-ST-ZIP **1760 MARKET STREET
PHILADELPHIA PA 19103**

TITLE ☒ DELETE
NAME **VP**
STREET ADDRESS **REILLY, FRANCIS M.**
CITY-ST-ZIP **1760 MARKET ST
PHILADELPHIA PA**

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **RUFO, STEPHEN R.**
CITY-ST-ZIP **1760 MARKET ST.
PHILADELPHIA PA**

TITLE ☒ DELETE
NAME **ASVP**
STREET ADDRESS **KULBICK, GLENN L**
CITY-ST-ZIP **1760 MARKET ST.
PHILADELPHIA PA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P/D**
1.3 STREET ADDRESS **100 CAMPUS DRIVE, SUITE 310**
1.4 CITY-ST-ZIP **FLORHAM PARK, NJ 07932**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **C/CEO/D**
2.3 STREET ADDRESS **GRUSH, JOHN T.**
2.4 CITY-ST-ZIP **650 TOWN CENTER DRIVE, SUITE 1600
COSTA MESA, CA 92626**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **AVP/T**
3.3 STREET ADDRESS **DENDINGER, MARK J.**
3.4 CITY-ST-ZIP **100 CAMPUS DRIVE, SUITE 310
FLORHAM PARK, NJ 07932**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VP/AS**
4.3 STREET ADDRESS **BLAICH, VICKI F.**
4.4 CITY-ST-ZIP **100 CAMPUS DRIVE, SUITE 310
FLORHAM PARK, NJ 07932**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **CARGILE, DAVID L.**
5.4 CITY-ST-ZIP **650 TOWN CENTER DRIVE, SUITE 1600
COSTA MESA, CA 92626**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **VP/S/D**
6.3 STREET ADDRESS **VELASCO, JOSE A.**
6.4 CITY-ST-ZIP **650 TOWN CENTER DRIVE, SUITE 1600
COSTA MESA, CA 92626**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.01(8)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE A. VELASCO, SR. V.P., CAO,
SECRETARY & GENERAL COUNSEL**

4/22/1999

(714) 549-1600

Date

Daytime Phone #

CR2E034 (11/98)