

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90137 041 ***158.75

DOCUMENT # P30651

1. Entity Name
USF INSURANCE COMPANY

Principal Place of Business

100 CAMPUS DR
 STE 310
 FLORHAM PARK NJ 07932
 US

Mailing Address

100 CAMPUS DR
 STE 310
 FLORHAM PARK NJ 07039-1711
 US

822510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

293 Eisenhower Parkway

Suite, Apt. #, etc.

Suite 190

City & State

Livingston, NJ

Zip
07039

Country
USA

3. Mailing Address

293 Eisenhower Parkway

Suite, Apt. #, etc.

Suite 190

City & State

Livingston, NJ

Zip
07039

Country
USA

4. FEI Number **23-0597040**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
 CAPITOL BUILDING
 TALLAHASSEE FL 32399-0300**

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.

SIGNATURE *William G. Hurlman*
 Signature, typed or printed name of registered agent and title if applicable.

WILLIAM G. HURLMAN, PRES.

2/17/00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HURLMAN, WILLIAM G. 100 CAMPUS DR STE 310 FLORHAM PARK NJ 07932	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRUSH, JOHN T 650 TOWN CENTER DR STE 1600 COSTA MESA CA 92626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPT DENDINGER, MARK J 100 CAMPUS DR STE 310 FLORHAM PARK NJ 07932	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BLAICH, VICKI F 100 CAMPUS DR STE 310 FLORHAM PARK NJ 07932	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARGILE, DAVID L 650 TOWN CENTER DR STE 1600 COSTA MESA CA 92626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VELSACO, JOSE A 650 TOWN CENTER DR STE 1600 COSTA MESA CA 92626	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME TITLE STREET ADDRESS CITY-ST-ZIP	Edward H. Ellis, Jr CFO 13403 Northwest Freeway Houston, TX 77040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Benjamin D. Wilcox 13403 Northwest Freeway Houston, TX 77040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John N. Molbeck 13403 Northwest Freeway Houston, TX 77040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rence J. Montgomery 13403 Northwest Freeway Houston, TX 77040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Christopher L. Martin 13403 Northwest Freeway Houston TX 77040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUP Marnie Lamb 13403 Northwestern Freeway Houston TX 77040	<input type="checkbox"/> Change <input checked="" 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 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: *William G. Hurlman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/17/00** 913-422-9700
 Daytime Phone # **x129**