FILED Apr 17, 2001 8:00 am 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P30651**

| USF INSURANCE COMPANY | | | | | | Secretary of State | | | | |
|--|--|-------------------------------------|---------------------|--|---|--|------------------------|-------------------------|-----------------------|--|
| USF INS | OURANCE COMPANT | | | | | | 04-17-2001 | 90136 046 ***1 | 158.75 | |
| Principal Plac | | | | | | | | | | |
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| US US | | | | | | t kooppaat 100 sijel ooppa sijok dibol 100k olok olok olok olok olok olok olok o | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE | IN THIS SPACE | | |
| City & Stat | e | City & State | | | 4. | 4. FEI Number 23-0597040 Applied For | | | | |
| | | | | | | Not Applica | | | | |
| Zip | Country | Zip | Coun | try | 5. | Certificate of | Status Desired | \$8.75 A | | |
| · · · · · · · · · · · · · · · · · · · | C Name and Address of Company | Designational Accept | raintered Agent | | 7. Name and Address of New Registered Agent | | | iled | | |
| | 6. Name and Address of Current | negistered Agent | | Name | ,. | Name and Ac | adiess of New Hef | Jisiered Agent | | |
| INSURANCE COMMISSIONER OF FLORIDA | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| CAPITOL BUILDING TALLAHASSEE FL 32399-0300 | | | | | Satisfaction (18) Southained to the recognition (| | | | | |
| | | | City | | | | | FL Zip Co | ode | |
| | | | | | | | 0 (51 | | | |
| 8. The above | named entity submits this statement for | or the purpose of changing its | registere | ed office or | registered a | igent, or both, | in the State of Florid | oa. | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE | F: Registere | d Agent signati | ure required when | reinstating) | | 3/20/8) | | |
| | Symbol Special printer half by the special printer half by | | | | | | - | | | |
| • | pration is eligible to satisfy its Intangible | | | | | 10. Election | on Campaign Finar | ncing _ \$5 | .00 May Be | |
| | requirement and elects to do so. | After MAY 1, 20 Make Check Payat | | | | Trust | Fund Contribution. | ☐ Àdd | ed to Fees | |
| | | | | charmen | | DDITIONIO (OI | MANOES TO SEELS | EDC AND DIRECTO | IDC IN 11 | |
| 11. | OFFICERS AND | | 12. | | | | TANGES TO OFFIC | ERS AND DIRECTO | | |
| TITLE | PD. | ☐ Delete | TITLE | | Edward H CFOD | l. Ellis Jr. | | | s SA Vadillóu | |
| NAME | HURLMAN, WILLIAM G. | | NAM | ET ADDRESS | | orthwest Freew | av | | | |
| STREET ADDRESS | 100 CAMPUS DR STE 310 | | | -ST-ZIP | | TX 77040 | " ", | | | |
| CITY-ST-ZIP | FLORHAM PARK NJ 07932 | | - | | | | | | . (\$77) 4 4 4 2 12 1 | |
| TITLE | CEOD | | | | | CEOD Change M Addition | | | | |
| NAME | WILCOX, BENOXIMIN | | | | | min D. Wilcox 3 Northwest Freeway | | | i | |
| STREET ADDRESS | 13403 NAN LUCEANNI | | | -ST-ZIP | Houston, TX 77040 | | | | | |
| ZCITÁ-ZÍL-ZIL | HOUSTON-TX 77040 | | - | | Director | | | ···· | Addition | |
| TITLE | AVPT | ☐ Delete TITL | | | John N. Molbeck | | | ☐ Change | a paj Addition | |
| NAME | DENDINGER, MARK J | NAN | | | 13403 Northwest Free | | ay | | | |
| STREET ADDRESS | 100 CAMPUS DR STE 310 | | | ET ADDRESS -St-21P | Houston, | TX 77040 | | | | |
| CITY-ST-ZIP | FLORHAM PARK NJ 07932 | | _ | | | | | П оъ | - T Addition | |
| TITLE | VPAS | ☐ Delete | TITLE | | Director | _ | | ☐ Change | e 🔀 Addition (| |
| NAME OXDEST LODDEGO | BLAICH, VICKI F | | NAM | | | Aontgomery rthwest Freewa | | | | |
| STREET ADDRESS CITY-ST-ZIP | 100 CAMPUS DR STE 310 | | | ET ADDRESS -ST-ZIP | | TX 77040 | ay | | j | |
| | FLORHAM PARK NJ 07932 | | | | | | | | not carre | |
| TITLE | D | ☐ Delete | TITLE | | VPAS | . * | | ☐ Change | Addition | |
| NAME | MOLBECK, JOHN N | | NAM | | | er L. Martin | _ | | ľ | |
| STREET ADDRESS | 13403 NW FRWY | | | ET ADDRESS - ST- ZIP | | orthwest Freewa TX 77040 | ay | | ĺ | |
| CITY-ST-ZIP | HOUSTON TX 77040 | pro-# | - | | | 1/1/040 | | | . (57 x a co | |
| TITLE | VPSD | Delete | TITLE | | AVP Mornia I | amb | | ☐ Change | e 🛣 Addition | |
| NAME | VELSACO, JOSE A | | NAM | | Marnie La | amb orthwest Freew | av | | | |
| STREET ADDRESS | 650 TOWN CENTER DR STE 16 | 00 | | ET ADDRESS | | TX 77040 | • • | | | |
| CITY-ST-ZIP | COSTA MESA CA 92626 | | | -ST-ZIP | | | = 11 00 11 11 | Aller and the second | | |
| 13. I hereby o | certify that the information supplied with | trus triing does not qualify for | tne exe | mption stat | ed in Section | n 119.07(3)(i), l | riorida Statutes. I fu | urtner 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.