

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90249 038 \*\*\*150.00

**DOCUMENT # P30651**

1. Entity Name  
**USF INSURANCE COMPANY**

Principal Place of Business

**243 EISENHOWER PKWY  
 STE 190  
 LIVINGSTON NJ 07039  
 US**

Mailing Address

**243 EISENHOWER PKWY  
 STE 190  
 LIVINGSTON NJ 07039  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-0597040**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HURLMAN, WILLIAM G. 100 CAMPUS DR STE 310 FLORHAM PARK NJ 07932</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD WILCOX, BENJAMIN 13403 NW FREEWAY HOUSTON TX 77040</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVPT DENDINGER, MARK J 100 CAMPUS DR STE 310 FLORHAM PARK NJ 07932</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS BLAICH, VICKI F 100 CAMPUS DR STE 310 FLORHAM PARK NJ 07932</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOLBECK, JOHN N. 13403 NW FRWY HOUSTON TX 77040</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MONTGOMERY, RENEE J 13403 NORTHWEST FREEWAY HOUSTON TX 77040</b>	<input checked="" type="checkbox"/> Delete

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
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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

*Updated list attached*

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:

*David A. Brongco*  
**David A. Brongco**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/17/02*  
 Date

*973-422-9700*  
 Daytime Phone # *ext 108*

CR2E034 (9/01)



USF INSURANCE COMPANY

Attachment  
Doc# P30651

816263

293 Eisenhower Parkway, Suite 190, Livingston, New Jersey 07039 Telephone: (800) 535-0177, (973) 422-9700 Facsimile: (973) 422-9200

January 17, 2002

C/D

Alan Jay Kaufman  
Kaufman Financial Center  
30833 Northwestern Highway  
Farmington Hills, MI 48334-2551

P/D

William George Hurlman  
293 Eisenhower Parkway, Ste. 190  
Livingston, NJ 07039

V/S

David Arthur Bronocco  
293 Eisenhower Parkway, Ste 190  
Livingston, NJ 07039

V/T

Mark J. Dendinger  
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Livingston, NJ 07039

V

Vicki F. Blaich  
293 Eisenhower Parkway, Ste. 190  
Livingston, NJ 07039

D

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