

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90002 041 ***550.00

DOCUMENT # P30651

1. Entity Name
USF INSURANCE COMPANY



Principal Place of Business
**30833 NORTHWESTERN HWY.
220
FARMINGTON, MI 48334 US**

Mailing Address
**30833 NORTHWESTERN HWY.
220
FARMINGTON, MI 48334 US**

40098810



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222006 Chg-P CR2E034 (11/05)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MULDOWNEY, DANIEL T
30833 NORTHWESTERN HWY, STE. 220
FARMINGTON, MI 48334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
KAUFMAN, ALAN J
30833 NORTHWESTERN HWY
FARMINGTON, MI 483342551** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HECKEL, MARILYN
30833 NORTHWESTERN HWY, STE. 220
FARMINGTON, MI 48334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SCHNEIDER, KENNETH A
30833 NORTHWESTERN HWY, STE. 220
FARMINGTON, MI 48334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRICE, DAVID J
30833 NORTHWESTERN HWY
FARMINGTON HILLS, MI 483342551** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIERNAN, STEVE P
345 RTE 17 SOUTH
UPPER SADDLE RIVER, NJ 07458** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAM H. MCCOED JR
30833 North Western Hwy, Suite 220
Farmington Hills, MI 48334** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEVEN KAUFMAN
30833 North Western Hwy, Suite 220
Farmington Hills, MI 48334** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAM MANSON
30833 North Western Hwy, Ste 220
Farmington Hills, MI 48334** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARK SHAEVSKY
30833 North Western Hwy, Ste 220
Farmington Hills, MI 48334** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel T. Muldowney DANIEL T. MULDOWNEY 7/5/06 248-538-4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #