


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90018 023 \*\*\*150.00

<b>DOCUMENT # P30651</b> 1. Entity Name <b>USF INSURANCE COMPANY</b>					
Principal Place of Business <b>30833 NORTHWESTERN HWY. 220 FARMINGTON, MI 48334 US</b>			Mailing Address <b>30833 NORTHWESTERN HWY. 220 FARMINGTON, MI 48334 US</b>		
2. Principal Place of Business - No P.O. Box # <b>30833 Northwestern Hwy.</b> Suite, Apt. #, etc. <b>Suite 220</b> City & State <b>Farmington Hills, MI</b> Zip <b>48334</b>		3. Mailing Address <b>30833 Northwestern Hwy.</b> Suite, Apt. #, etc. <b>Suite 220</b> City & State <b>Farmington Hills, MI</b> Zip <b>48334</b>		40115978 	
4. FEI Number <b>23-0597040</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>MULDOWNEY, DANIEL T</b> <b>30833 NORTHWESTERN HWY, STE. 220</b> <b>FARMINGTON, MI 48334</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>Muldorney, Daniel T</b> <b>30833 Northwestern Hwy, Ste 220</b> <b>Farmington Hills, MI 48334</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>KAUFMAN, ALAN J</b> <b>30833 NORTHWESTERN HWY</b> <b>FARMINGTON, MI 483342551</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Martin, Michael O.</b> <b>30833 Northwestern Hwy, Ste 220</b> <b>Farmington Hills MI 48334</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>HECKEL, MARILYN</b> <b>30833 NORTHWESTERN HWY, STE. 220</b> <b>FARMINGTON, MI 48334</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kaufman, Steven David</b> <b>30833 Northwestern Hwy, Ste 220</b> <b>Farmington Hills, MI 48334</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>SCHNEIDER, KENNETH A</b> <b>30833 NORTHWESTER HWY, STE. 220</b> <b>FARMINGTON, MI 48334</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Munson, William Leslie</b> <b>30833 Northwestern Hwy, Ste 220</b> <b>Farmington Hills, MI 48334</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PRICE, DAVID J</b> <b>30833 NORTHWESTERN HWY</b> <b>FARMINGTON HILLS, MI 483342551</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Shaelvsky, MARK</b> <b>30833 Northwestern Hwy, Ste 220</b> <b>Farmington Hills, MI 48334</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KIERNAN, STEVE P</b> <b>345 RTE 17 SOUTH</b> <b>UPPER SADDLE RIVER, NJ 07458</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael O. Martin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>MICHAEL O. MARTIN</u> <small>Date</small>		
5/15/07			(248) 539-6006 <small>Daytime Phone #</small>		