

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90018 028 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 30833 NORTHWESTERN HWY. Suite, Apt. #, etc. SUITE 220		3. Mailing Address 30833 NORTHWESTERN HWY. Suite, Apt. #, etc. SUITE 220		03262008 Chg-P CR2E034 (12/06)	
City & State FARMINGTON HILLS, MI Zip Country 48334 USA		City & State FARMINGTON HILLS, MI Zip Country 48334 USA		4. FEI Number 23-0597040 Applic For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULDOWNNEY, DANIEL T 30833 NORTHWESTERN HWY, STE. 220 FARMINGTON, MI 48334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULDOWNNEY, DANIEL T. 30833 NORTHWESTERN HWY., STE. 220 FARMINGTON HILLS, MI 48334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KAUFMAN, ALAN J 30833 NORTHWESTERN HWY FARMINGTON, MI 483342551 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KAUFMAN, ALAN J 30833 NORTHWESTERN HWY., STE. 220 FARMINGTON HILLS, MI 48334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECKEL, MARILYN 30833 NORTHWESTERN HWY, STE. 220 FARMINGTON, MI 48334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECKEL, MARILYN 30833 NORTHWESTERN HWY., STE. 220 FARMINGTON HILLS, MI 48334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, MICHAEL O 30833 NORTHWESTER HWY, STE. 220 FARMINGTON, MI 48334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, MICHAEL O. 30833 NORTHWESTERN HWY., STE. 220 FARMINGTON HILLS, MI 48334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DAVID J 30833 NORTHWESTERN HWY FARMINGTON HILLS, MI 483342551 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DAVID J. 30833 NORTHWESTERN HWY., STE. 220 FARMINGTON HILLS, MI 48334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIERNAN, STEVE P <input checked="" type="checkbox"/> Delete 345 RTE 17 SOUTH UPPER SADDLE RIVER, NJ 07458	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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> MICHAEL O. MARTIN 3/27/08 (248) 534-6006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					