2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P30651

Entity Name: USF INSURANCE COMPANY

Current Principal Place of Business:

30833 NORTHWESTERN HWY.
220
FARMINGTON HILLS, MI 48334 US

New Principal Place of Business:

Current Mailing Address:

30833 NORTHWESTERN HWY.
220
FARMINGTON HILLS, MI 48334 US

New Mailing Address:

FEI Number: 23-0597040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MULDOWNEY, DANIEL T
Address: 30833 NORTHWESTERN HWY, STE. 220
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: CD ( ) Delete
Name: KAUFMAN, ALAN J
Address: 30833 NORTHWESTERN HWY
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: S ( ) Delete
Name: HECKEL, MARILYN
Address: 30833 NORTHWESTERN HWY, STE. 220
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: T ( ) Delete
Name: MARTIN, MICHAEL O
Address: 30833 NORTHWESTER HWY, STE. 220
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: D ( ) Delete
Name: PRICE, DAVID J
Address: 30833 NORTHWESTERN HWY
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: D ( ) Delete
Name: KIERNAN, STEVE P
Address: 345 RTE 17 SOUTH
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL O. MARTIN CFO 04/24/2009

Electronic Signature of Signing Officer or Director Date