

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30651

FILED
Jun 12, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D
Name: MUNSON, WILLIAM L
Address: 762 ALBEMARLE ST
City-St-Zip: WYCKOFF, NJ 07481

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MARTIN

CFO

06/12/2012

Electronic Signature of Signing Officer or Director

Date