

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90191 018 \*\*\*150.00

0615420 AT

**DOCUMENT # P30651**

1. Entity Name  
**USF INSURANCE COMPANY**



Principal Place of Business  
**243 EISENHOWER PKWY  
STE 190  
LIVINGSTON NJ 07039  
US**

Mailing Address  
**243 EISENHOWER PKWY  
STE 190  
LIVINGSTON NJ 07039  
US**



2. Principal Place of Business

**293 Eisenhower Pkwy**  
Suite, Apt. #, etc.

3. Mailing Address

**293 Eisenhower Pkwy**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

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

**INSURANCE COMMISSIONER OF FLORIDA  
CAPITOL BUILDING  
TALLAHASSEE FL 32399-0300**

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>HURLMAN, WILLIAM G.<br/>293 EISENHOWER PKWY, STE 190<br/>LIVINGSTON NJ 07039</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>CD<br/>KAUFMAN, ALAN J<br/>30833 NORTHWESTERN HWY<br/>FARMINGTON MI 48334-2551</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>O'BRIEN, JAMES<br/>345 RTE 17 SOUTH<br/>UPPER SADDLE RIVER NJ 07458</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V<br/>BLAICH, VICKI F<br/>293 EISENHOWER PKWY STE 190<br/>LIVINGSTON NJ 07039</b>       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>PRICE, DAVID J<br/>30833 NORTHWESTERN HWY<br/>FARMINGTON HILLS MI 48334-2551</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>KIEMAN, STEVE P<br/>345 RTE 17 SOUTH<br/>UPPER SADDLE RIVER NJ 07458</b>          | <input type="checkbox"/> Delete            |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Treasurer<br/>Dendinger, Mark J<br/>293 Eisenhower Pkwy, Ste 190<br/>Livingston NJ 07039</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Kiernan</b>   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark J Dendinger **973 422-9700 ext 106**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **04/16/03** Date Daytime Phone #

CR2E034 (10/02)