PROFIT CORPORATION ANNUAL REPORT	+ - Q1	A DEPARTMENT OF STATE Katherine Harris Secretary of State		U
1999	DIVIS	ION OF CORPORATIONS	FILED	
OCUMENT # PULL ODD 15921		7	99 AUG 27 PM 12:	21
Karp Insurance Cons dba USI Florida, II	sultants, Ir	nc.	SECRETARY OF ST. TALLAHASSEE, FLO	ATE RIDA
cipal Place of Business	Mailing Address			
2 South University	-			
Plantation, FL 3333			DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·
Principal Place of Business	2a. Mailing Addr	000	9/11/96 4. FEI Number	I Lauriae.
The part face of Business	26 Mailing Addi	885	65-0701499	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State	27 City & State			Fee Required
my a state	28 28 28 28 28 28 28 28 28 28 28 28 28 2		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ip Country	Zip	Country	8. This corporation owes the current year I	ntangible
25 9. Name and Address of Cur	rrent Penistered Agent	30	Personal Property Tax. 10. Name and Address of New Registered	Yes ZNo
		81 Name	TO. Name and Address of New Registerer	n vßeur
Corporation Service Company 1201 Hays Street		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
Tallahassee, FL 323	301			
,		83		
		84 City		85 Zip Code
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl	iate or Fiorida. Such chang	ge was authorized by the corpora	rporation submits this statement for the purpose of tition's board of directors. I hereby accept the app	of changing its registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl NATURE Signature, typed or printed name of registered	late or Florida. Such chang pligations of, Section 607.0 d agent and title if applicable.	ge was authorized by the corpore 1505, Florida Statutes. (NOTE: Registered Agent signature requ	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appointment of the purpose	of changing its registered pintment as registered
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ACCOUNT NO. : 072100000032

REFERENCE: 355280 7139998

AUTHORIZATION :

COST LIMIT : \$ 558.75

ORDER DATE : August 26, 1999

ORDER TIME : 9:54 AM

ORDER NO. : 355280-010

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart

Usi Holdings, Inc. 50 California St.

24th Floor

San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: KARP INSURANCE CONSULTANTS,

INC. DBA USI FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: