SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
99 AUG 27 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000062757

1. Corporation Name
KOLISCH INSURANCE USI, INC.

Principal Place of Business	Mailing Address
2 SOUTH UNIVERSITY DRIVE, SUITE 220 PLANTATION FL 33324	2 SOUTH UNIVERSITY DRIVE, SUITE 220 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1998

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 65-0851499 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)	Zip (29) Country (30)	7. This corporation owns the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Corporate Services Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street
83: Tallahassee, FL 32301
84 City: FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Laura R. Owens 8/27/99
Signature: type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KARP, MICHAEL C 2 SOUTH UNIVERSITY DRIVE, SUITE 220 PLANTATION FL 33324 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Rober Oden 2 South University Drive,220 Plantation, FL 33324 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President James M. Kolisch 2 South University Drive Plantation, FL 33324 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	James M. Kolisch 2 South University Avenue Plantation, FL 33324 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Ernest J. Newborn, II 50 California Street,24th Fl. San Francisco, CA 94111 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Robert Seda 1800 Ninth Avenue, #1500 Seattle, WA 98101 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Michael T. Leonard 50 California Street, 24th Fl. San Francisco, CA 94111 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002972833--1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition SP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernest J. Newborn, Jr. 8/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 355301 7139998

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 558.75

ORDER DATE : August 26, 1999

ORDER TIME : 3:13 PM

ORDER NO. : 355301-005

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
50 California St.
24th Floor
San Francisco, CA 94111

ANNUAL REPORT FILING

RECEIVED
99 AUG 27 PM 3:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: KOLISCH INSURANCE USI, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS: _____