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
2 SOUTH UNIVERSITY DRIVE, SUITE 220
PLANTATION FL 33324

Mailing Address
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

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
65-0851499
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes 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: Talahassee, FL 32301
84 City: FL
85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1608, 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. Dunn — 8/27/99
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refiling) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	KARP, MICHAEL C
STREET ADDRESS	2 SOUTH UNIVERSITY DRIVE, SUITE 220
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	President ☐ DELETE
NAME	James M. Kolisch
STREET ADDRESS	2 South University Drive
CITY-ST-ZIP	Plantation, FL 33324
TITLE	Secretary ☐ DELETE
NAME	Ernest J. Newborn, II
STREET ADDRESS	50 California Street, 24th Fl.
CITY-ST-ZIP	San Francisco, CA 94111
TITLE	Treasurer ☐ DELETE
NAME	Michael T. Leonard
STREET ADDRESS	50 California Street, 24th Fl.
CITY-ST-ZIP	San Francisco, CA 94111
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director ☐ Change ☒ Addition
1.2 NAME	Rober Oden
1.3 STREET ADDRESS	2 South University Drive, 220
1.4 CITY-ST-ZIP	Plantation, FL 33324
2.1 TITLE	James M. Kolisch ☐ Change ☒ Addition
2.2 NAME	2 South University Avenue
2.3 STREET ADDRESS	Plantation, FL 33324
2.4 CITY-ST-ZIP	
3.1 TITLE	Robert Seda ☐ Change ☒ Addition
3.2 NAME	1800 Ninth Avenue, #1500
3.3 STREET ADDRESS	Seattle, WA 98101
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	300002972833--1
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 Newborn — 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

NAME: KOLISCH INSURANCE USI, INC.

RECEIVED
99 AUG 27 PM 3:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, 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: TAMARA ODOM

EXAMINER'S INITIALS: _____