

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P30651

**FILED**  
**Mar 06, 2014**  
**Secretary of State**  
**CC1368965642**

**Entity Name:** USF INSURANCE COMPANY

**Current Principal Place of Business:**

30833 NORTHWESTERN HWY.  
220  
FARMINGTON HILLS, MI 48334

**Current Mailing Address:**

30833 NORTHWESTERN HWY.  
220  
FARMINGTON HILLS, MI 48334 US

**FEI Number:** 23-0597040

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MANUELIDIS, MANNY  
(32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:** MANNY MANUELIDIS

03/06/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title D  
Name MUNSON, WILLIAM L  
Address 762 ALBEMARLE ST  
City-State-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

03/06/2014

Electronic Signature of Signing Officer/Director Detail

Date