

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002455

Entity Name: UNITED STATES FIRE INSURANCE COMPANY**Current Principal Place of Business:**305 MADISON AVENUE
MORRISTOWN, NJ 07962**Current Mailing Address:**305 MADISON AVENUE
MORRISTOWN, NJ 07962**FEI Number: 13-5459190****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INSURANCE COMMISSIONER
200 EAST GAINES ST
TALLAHASSEE, FL 32399 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEOD
Name	LIBBY, DOUGLAS M
Address	305 MADISON AVE.
City-State-Zip:	MORRISTOWN NJ 07962

Title	SVP, COMPTROLLER
Name	BASSALINE, PAUL W
Address	305 MADISON AVE.
City-State-Zip:	MORRISTOWN NJ 07962

Title	VP
Name	DEBARE, HOWARD
Address	305 MADISON AVE.
City-State-Zip:	MORRISTOWN NJ 07962

Title	CFOD
Name	ROBERTSON, MARY JANE
Address	305 MADISON AVE.
City-State-Zip:	MORRISTOWN NJ 07962

Title	VPS
Name	KRAUS, JAMES V
Address	305 MADISON AVENUE
City-State-Zip:	MORRISTOWN NJ 07962

Title	AVP
Name	MUCCIA, JOSEPH J
Address	305 MADISON AVENUE
City-State-Zip:	MORRISTOWN NJ 07962

Title	AVP
Name	MUCCIA, JOSEPH J
Address	305 MADISON AVENUE
City-State-Zip:	MORRISTOWN NJ 07962

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: JOSEPH J. MUCCIA**ASST VICE PRES.****04/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date