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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004841 (0)

1. Corporation Name
UNITED STATES LIABILITY INSURANCE COMPANY

Principal Place of Business
1030 CONTINENTAL DR.
KING OF PRUSSIA PA 19406

Mailing Address
1030 CONTINENTAL DR.
KING OF PRUSSIA PA 19406-2808



3. Date Incorporated or Qualified
09/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

23-1383313

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

Zip

Country

Zip

Country

24

25

29

19406-0951

30

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
NERNEY, THOMAS P
2 DEWITT AVE.
WAYNE PA 19087

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD
HOLT, JAMES R JR
425 DARBY PAUL RD.
WAYNE PA 19087

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VSD
QUINN, BERNARD T
1944 QUARTER MILE RD.
BETHLEHEM PA 18015

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

TD
RIVITUSO, LOUIS F
1129 WINDSOR DR.
WEST CHESTER PA 19380

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DC
BERRY, ROBERT B
100 RAPIDS CREEK RD.
SHERIDAN WY 82801

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D
BERRY, ARCHIE W JR
RFD #3, BOX 7500
FARMINGTON ME 04938

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

D

BERRY, FAITH ANNE

18 PICKARD RD

CANTERBURY NH 03224

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

D

BERRY, HERBERT E. JR.

6 LEGENDARY RD

EAST LYME CT 06333

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

D

KOHLHAS, SUSAN B.

FULL CRY FARM

3049 MERLIN RD

CHESTER SPRINGS PA 19425

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

D

MALLON, WILLIAM K. JR.

213 YEAKEL AVE

ERDENHEIM PA 19118

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

DC

BERRY, ROBERT B

100 RAPID CREEK RD

SHERIDAN WY 82801

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

D

SUTTON, CATHY B

560 WOODLAND DR

RADNOR PA 19087

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

[Signature]

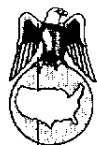
04/23/97

(610) 225-2212

CR2E034 (9/96)

UNITED STATES LIABILITY INSURANCE COMPANY

1030 Continental Drive • Box 1551
Telephone (610) 688-2535



King of Prussia, PA 19406-0951
Facsimile (610) 688-4391

ORGANIZED 1867

PROFIT CORPORATION ANNUAL REPORT 1997 DOCUMENT # F96000004841 (0)

TITLE: *v/d*

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

VICE PRESIDENT

KOHLHAS, JEFFREY M.

Full Cry Farm

3049 Merlin Road

Chester Springs, Pennsylvania 19425

TITLE: *✓*

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

VICE PRESIDENT

MITCHELL, HENRY J.

2016 Morris Drive

Cherry Hill, New Jersey 08003

TITLE: *✓*

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

VICE PRESIDENT

ZIFFER, THEODORE M.

3115 Dobbs Court

Audubon, Pennsylvania 19403

TITLE: *✓*

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

SECOND VICE PRESIDENT

ABELL, MARIAN G.

608 Gary Lane

Roberts Park

Norristown, Pennsylvania 19401

TITLE: *✓*

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

SECOND VICE PRESIDENT

GELINAS, ROBERT C.

493 Gregory Lane

West Chester, Pennsylvania 19380

TITLE: *✓*

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

SECOND VICE PRESIDENT

SMITH, MARK T.

691 North Henderson Road

King of Prussia, Pennsylvania 19406

TITLE:

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

SECOND VICE PRESIDENT

WALSH, JR., JOHN M.

N/A — No Street Address

Satfordville, Pennsylvania 18958