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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	Mailing Address
1030 CONTINENTAL DR. KING OF PRUSSIA PA 19406	1030 CONTINENTAL DR. KING OF PRUSSIA PA 19406-2809

3. Date Incorporated or Qualified: **09/19/1996**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 1030 Continental Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 1551
City & State 23	City & State 28 King of Prussia, PA
Zip 24 / Country 25	Zip 29 19406-0951 / Country 30 USA

4. FEI Number: 23-1383313 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NERNEY, THOMAS P 2 DEWITT AVE. WAYNE PA 19087	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D BERRY, FAITH ANNE 18 PICKARD RD CANTERBURY NH 03224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOLT, JAMES R JR 425 DARBY PAOLI RD. WAYNE PA 19087	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D BERRY, HERBERT E. JR. 6 LEGENDARY RD EAST LYME CT 06333	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD QUINN, BERNARD T 1944 QUARTER MILE RD. BETHLEHEM PA 18015	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D KOHLHAS, SUSAN B. FULL CRY FARM 3049 MERLIN RD CHESTER SPRINGS PA 19425	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RIVITUSO, LOUIS F 1129 WINDSOR DR. WEST CHESTER PA 19380	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D MALLON, WILLIAM K. JR. 213 YEAKEL AVE ERDENHEIM PA 19118	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC BERRYT, ROBERT B 100 RAPIDS CREEK RD. SHERIDAN WY 82801	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DC BERRY, ROBERT B 100 RAPID CREEK RD SHERIDAN WY 82801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRY, ARCHIE W JR RFD #3, BOX 7500 FARMINGTON ME 04938	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D SUTTON, CATHY B 560 WOODLAND DR RADNOR PA 19087	☐ Change ☒ Addition

CR2E034 (9/96)

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: _____ 04/23/97 (610) 225-2212

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/P	VICE PRESIDENT
NAME:		KOHLHAS, JEFFREY M.
STREET ADDRESS:		Full Cry Farm 3049 Merlin Road
CITY, STATE, ZIP:		Chester Springs, Pennsylvania 19425
TITLE:	V	VICE PRESIDENT
NAME:		MITCHELL, HENRY J.
STREET ADDRESS:		2016 Morris Drive
CITY, STATE, ZIP:		Cherry Hill, New Jersey 08003
TITLE:	V	VICE PRESIDENT
NAME:		ZIFFER, THEODORE M.
STREET ADDRESS:		3115 Dobbs Court
CITY, STATE, ZIP:		Audubon, Pennsylvania 19403
TITLE:	V	SECOND VICE PRESIDENT
NAME:		ABELL, MARIAN G.
STREET ADDRESS:		608 Gary Lane Roberts Park
CITY, STATE, ZIP:		Norristown, Pennsylvania 19401
TITLE:	V	SECOND VICE PRESIDENT
NAME:		GELINAS, ROBERT C.
STREET ADDRESS:		493 Gregory Lane
CITY, STATE, ZIP:		West Chester, Pennsylvania 19380
TITLE:	V	SECOND VICE PRESIDENT
NAME:		SMITH, MARK T.
STREET ADDRESS:		691 North Henderson Road
CITY, STATE, ZIP:		King of Prussia, Pennsylvania 19406
TITLE:		SECOND VICE PRESIDENT
NAME:		WALSH, JR., JOHN M.
STREET ADDRESS:		**N/A — No Street Address**
CITY, STATE, ZIP:		Salfordville, Pennsylvania 18958