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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90194 013 ***158.75

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000004841**

1. Corporation Name
UNITED STATES LIABILITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
1030 CONTINENTAL DR. KING OF PRUSSIA PA 19406	1030 CONTINENTAL DRIVE P.O. BOX 1551 KING OF PRUSSIA PA 19406-0951 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/19/1996

2. Principal Place of Business	2a. Mailing Address
21	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: 23-1383313 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 Tax. ☐ 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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	V	☒ Change ☐ Addition
NAME	NERNEY, THOMAS P		1.2 NAME	Charlton, David S.	
STREET ADDRESS	2 DEWITT AVE.		1.3 STREET ADDRESS	1546 Yellow Springs Road	
CITY-ST-ZIP	WAYNE PA 19087		1.4 CITY-ST-ZIP	Chester Springs, PA 19425	
TITLE	VD	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	HOLT, JAMES R JR		2.2 NAME	Palma, Shelley L.	
STREET ADDRESS	425 DARBY PAOLI RD.		2.3 STREET ADDRESS	351 Chanticleer Drive	
CITY-ST-ZIP	WAYNE PA 19087		2.4 CITY-ST-ZIP	Cherry Hill, NJ 08003	
TITLE	VSD	☒ DELETE	3.1 TITLE	VSD	☒ Change ☐ Addition
NAME	QUINN, BERNARD T		3.2 NAME	Kohlhas, Jeffrey M.	
STREET ADDRESS	1944 QUARTER MILE RD.		3.3 STREET ADDRESS	Full Cry Farm, 3049 Merlin Road	
CITY-ST-ZIP	BETHLEHEM PA 18015		3.4 CITY-ST-ZIP	Chester Springs, PA 19424	
TITLE	TD	☐ DELETE	4.1 TITLE	VTD	☒ Change ☐ Addition
NAME	RIVITUSO, LOUIS F		4.2 NAME	Rivituso, Louis F.	
STREET ADDRESS	1129 WINDSOR DR.		4.3 STREET ADDRESS	709 Peach Tree Drive	
CITY-ST-ZIP	WEST CHESTER PA 19380		4.4 CITY-ST-ZIP	West Chester, PA 19380	
TITLE	DC	☐ DELETE	5.1 TITLE	DC	☒ Change ☐ Addition
NAME	BERRY, ROBERT		5.2 NAME	Berry, Robert B.	
STREET ADDRESS	100 RAPIDS CREEK RD.		5.3 STREET ADDRESS	100 Rapid Creek Road	
CITY-ST-ZIP	SHERIDAN WY		5.4 CITY-ST-ZIP	Sheridan, WY 82801	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BERRY, ARCHIE W JR		6.2 NAME	Berry, Faith A.	
STREET ADDRESS	RFD #3, BOX 7500		6.3 STREET ADDRESS	18 Pickard Road	
CITY-ST-ZIP	FARMINGTON ME 04938		6.4 CITY-ST-ZIP	Canterbury, NH 03224	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Louis F. Rivituso 4/30/99 (610)225-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

500440-4447-1 3
DOC# F96000004841

NAMES AND RESIDENCE ADDRESSES OF ALL OTHER OFFICERS

VICE PRESIDENT:

√ HENRY JOSEPH MITCHELL
2016 Morris Drive
Cherry Hill, New Jersey 08003

√ THEODORE MICHAEL ZIFFER
3115 Dobbs Court
Audubon, Pennsylvania 19403

SECOND VICE PRESIDENTS: √ THOMAS JAMES ENRIGHT
2418 Rosewood Lane
Havertown, Pennsylvania 19083

√ ROBERT CLARENCE GELINAS
493 Gregory Lane
West Chester, Pennsylvania 19380

√ JULIE ELLEN QUINN
328 West Wayne Avenue
Wayne Pennsylvania 19087

√ HUGH THOMAS SELTNER, Jr.
2510 Norris Street
Philadelphia, Pennsylvania 19125

√ MARK THOMAS SMITH
691 North Henderson Road
King of Prussia, Pennsylvania 19406

√ JOHN MARTIN WALSH, JR.
946 Woessner Rd
Salfordville, Pennsylvania 18958