# **.2000 UNIFORM BUSINESS REPORT (UBR)**

## DCCUMENT # F9600004841 1. Entity Name

#### UNITED STATES LIABILITY INSURANCE COMPANY

KING OF PRUSSIA PA 19406	P.O. BOX 1551 KING OF PRUSSIA PA 19087-21: US
1030 CONTINENTAL DR.	1030 CONTINENTAL DRIVE
Principal Place of Business	Mailing Address

**FILED** May 16, 2000 8:00 am Secretary of State 05-16-2000 90159 021 \*\*\*150.00

1030 Continen King of Pruss		1030 CONTINENTAL DRIVE P.O. BOX 1551 KING OF PRUSSIA PA 19087- US	<b>2</b> 127		1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AANU RRIN AKRA IRIN DIE	<b>1</b> 1 11 <b>0</b> 1 1 <b>00</b> 1
2. Principal P	face of Business	3. Mailing Address					
190 South Warner Road		190 South Warner Road		.d	i i <b>ssiika</b> tiis toifa olfii osiii ooiti ooiti	BBIT 99117 BIBBI IRDI BIDI	01  101 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SPACE	
2nd Floor		P.O. Box 6700					
City & State		City & State			4. FEI Number 23-1383313		plied For
Wayne, Pennsylvania		Wayne, Pennsylvania					t Applicable
Zip _		Zip	Country	:	5. Certificate of Status Desired	- \$8.75 Add	
19087-2		19087-2191	USA			` Fee Require	<u> </u>
	6. Name and Address of Current R	egistered Agent	Nic		7. Name and Address of New Regis	stered Agent	
			INa	me			•
INSU	RANCE COMMISSIONER		Street Address		(P.O. Box Number is Not Acceptable)		
CAPII	TOL		Sileet Address		· ., ., .		
TALL	AHASSEE FL 32399-0300						
			Cit	у	· • • • • • • • • • • • • • • • • • • •	FL Zip Code	е
		to de la constante de la const					
8. The above	named entity submits this statement for	the purpose of changing its r	egistered offi	ice or registered	d agent, or both, in the State of Florida	<b>a</b> .	
£ 6 14							
SIGNATURE .	Signature, typed or printed name of registered agent an					DATE	
1.,	Signature, typed or printed name of registered agent an	d title if applicable. (NO1E:	Hegistered Agent	signature required wh	nen reinstating)		
<ul> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.     </li> <li>(See criteria on back)</li> </ul>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		be \$550.00	10. Election Campaign Financ Trust Fund Contribution.		May Be to Fees
11,	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE	PD	□ Delete	TITLE	SD	<del></del>		Addition
NAME	NERNEY, THOMAS P		NAME	Kohlha	as, Jeffrey M		- 1
STREET ADDRESS	2 DEWITT AVE.			ADDRESS Full Cry Farm, 3049 Merlin Rd			
CITY-ST-ZIP	WAYNE PA 19087		CITY-ST-ZIF		er Springs PA 1942		
TITLE	VD	☐ Delete	TITLE	v	<u> </u>	☐ Change	X Addition
NAME	HOLT, JAMES R JR	D boloto	NAME	Charli	ton, David S		
STREET ADDRESS	425 DARBY PAOLI RD.		STREET ADD		Yellow Springs Rd		ļ
CITY-ST-ZIP	WAYNE PA 19087		CITY-ST-ZIF	l l	er Springs PA 19425	_	1
TITLE	V	☐ Delete	TITLE	v	or oprange in ry is	K Change	☐ Addition
NAME	PALMA, SHELLEY L	T Delete	NAME	Palma	, Shelley L	<b>_</b>	_
STREET ADDRESS	351 CHANTICLERER DRIVE		STREET ADD		hanticleer Dr		
CITY-ST-ZIP	CHERRY HILL NJ 08003		CITY-ST-ZIF	I	y Hill NJ 08003		
TITLÉ	TD	☐ Delete	TITLE	VTD		Change	Addition
NAME	RIVITUSO, LOUIS F	Delete	NAME	I	uso, Louis F	<u> </u>	_
STREET ADDRESS	1129 WINDSOR DR.		STREET ADD		each Tree Dr		
CITY-ST-ZIP	WEST CHESTER PA 19380		CITY-ST-ZIF	_  , 0, 1,	Chester PA 19380		ļ
TITLE .	DC	☐ Delete	TITLE	DC			☐ Addition
TITLE	BERRY, ROBERT	□ Delete	NAME		, Robert		
STREET ADDRESS	100 RAPIDS CREEK RD.		STREET ADD		apid Creek Rd		
CITY-ST-ZIP	SHERIDAN WY 82801	1	CITY-ST-ZIF		dan WY 82801		
	D	☐ Delete	TITLE	Puerro	uan wi 02001	☐ Change	Addition
TITLE NAMÈ	BERRY, ARCHIE W JR	E Delete	NAME	Berry	, Faith A		and the state of
STREET ADDRESS	RFD #3, BOX 7500		STREET ADD		ckard Rd		İ
CITY-ST-ZIP			CITY-ST-ZIF	_			ı
	FARMINGTON ME 04938	11 60		panter	rbury NH 03224 tion 119.07(3)(i), Florida Statutes, I fur	ales a serificated the in	oformation

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2000 (610)225-2212

Daytime Phone #

Attachert 735207

#### Names and Residence Addresses of All Other Officers

VICE PRESIDENT:

ROBERT CLARENCE GELINAS 493 GREGORY LANE WEST CHESTER, PENNSYLVANIA 19380

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

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. P.O. Box 1 Salfordville, Pennsylvania 18958 F96000004841

Attachuert 735207

### Names and Residence Addresses of All Other Directors

DIRECTOR:

HERBERT EDWARD BERRY, JR.
6 LEGENDARY RD.
EAST LYME, CONNECTICUT 06333

Susan Berry Kohlhas
Full Cry Farm
3049 Merlin Road
Chester Springs, Pennsylvania 19425

WILLIAM KIRBY MALLON, JR. 213 Yeakel Avenue Erdenheim, Pennsylvania 19118

CATHY BERRY SUTTON
251 Borough Rd.
Canterbury, NH 03224