

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004841

FILED
Apr 29, 2005
Secretary of State

Entity Name: UNITED STATES LIABILITY INSURANCE COMPANY

Current Principal Place of Business:

190 SOUTH WARNER ROAD
2ND FLOOR
WAYNE, PA 190872127

New Principal Place of Business:

190 SOUTH WARNER ROAD
WAYNE, PA 190872127

Current Mailing Address:

190 SOUTH WARNER ROAD
P O BOX 6700
WAYNE, PA 190872191 US

New Mailing Address:

FEI Number: 23-1383313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: NERNEY, THOMAS P
Address: 400 INVERARAY ROAD
City-St-Zip: VILLANOVA, PA 19085

Title: VD () Delete
Name: HOLT, JAMES R JR
Address: 425 DARBY PAOLI RD.
City-St-Zip: WAYNE, PA 19087

Title: VD () Delete
Name: PALMA, SHELLEY L
Address: 19 WELLFLEET LANE
City-St-Zip: WAYNE, PA 19087

Title: VTD () Delete
Name: RIVITUSO, LOUIS F
Address: 709 PEACH TREE DRIVE
City-St-Zip: WEST CHESTER, PA 19380

Title: VSD () Delete
Name: PETERSEN, JOHN RICHARD JR.
Address: 913 DOLPHIN DRIVE
City-St-Zip: MALVERN, PA 19355

Title: VD () Delete
Name: CHARLTON, DAVID S
Address: 1546 YELLOW SPRINGS RD
City-St-Zip: CHESTER SPRINGS, PA 19425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOUIS F. RIVITUSO

VTD

04/29/2005

Electronic Signature of Signing Officer or Director

Date