2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004841

Entity Name: UNITED STATES LIABILITY INSURANCE COMPANY

FILED Apr 30, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1190 DEVON PARK DRIVE WAYNE, PA 190872150 US

Current Mailing Address: New Mailing Address:

1190 DEVON PARK DRIVE P O BOX 6700 WAYNE, PA 190878700 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title: PDC

Name: NERNEY, THOMAS P Address: 400 INVERARAY ROAD City-St-Zip: VILLANOVA, PA 19085 US

Title: VD

Name: ZODTNER, STEVEN R Address: 856 MONTEITH DRIVE City-St-Zip: WAYNE, PA 19087 US

Title: VD

Name: PALMA, SHELLEY L Address: 19 WELLFLEET LANE City-St-Zip: WAYNE, PA 19087 US

Title: VTD

 Name:
 RIVITUSO, LOUIS F

 Address:
 709 PEACH TREE DRIVE

 City-St-Zip:
 WEST CHESTER, PA 19380 US

Title: VSD

Name: PETERSEN, JOHN RICHARD JR.

Address: 914 DOLPHIN DRIVE City-St-Zip: MALVERN, PA 19355 US

Title: VD

Name: CHARLTON, DAVID S Address: 1400 PRIZER RD

City-St-Zip: POTTSTOWN, PA 19465 US

I hereby 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 all other like empowered.

SIGNATURE: LOUIS F. RIVITUSO VTD 04/30/2012