

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000001894

**Entity Name:** UNDERWRITERS SAFETY AND CLAIMS, INC.**Current Principal Place of Business:**1700 EASTPOINT PKWY  
LOUISVILLE, KY 40223**Current Mailing Address:**PO BOX 23790  
LOUISVILLE, KY 40223**FEI Number: 61-0489172****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title	P
Name	FERGUSON, BRUCE W
Address	1700 EASTPOINT PKWY
City-State-Zip:	LOUISVILLE KY 40223

Title	MANAGING DIRECTOR
Name	FERGUSON, STUART J
Address	1700 EASTPOINT PKWY
City-State-Zip:	LOUISVILLE KY 40223

Title	V
Name	FERGUSON, SCOTT C
Address	1700 EASTPOINT PKWY
City-State-Zip:	LOUISVILLE KY 40223

Title	TREASURER
Name	SMITH, TIMOTHY C
Address	1700 EASTPOINT PKWY
City-State-Zip:	LOUISVILLE KY 40223

*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: BRUCE W. FERGUSON****PRESIDENT****02/22/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date