

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002455

**Entity Name:** UNITED STATES FIRE INSURANCE COMPANY**Current Principal Place of Business:**305 MADISON AVENUE  
MORRISTOWN, NJ 07962**Current Mailing Address:**305 MADISON AVENUE  
MORRISTOWN, NJ 07962**FEI Number:** 13-5459190**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INSURANCE COMMISSIONER  
200 EAST GAINES ST  
TALLAHASSEE, FL 32399 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           | CEOD                |
| Name            | LIBBY, DOUGLAS M    |
| Address         | 305 MADISON AVE.    |
| City-State-Zip: | MORRISTOWN NJ 07962 |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | DEBARE, HOWARD      |
| Address         | 305 MADISON AVE.    |
| City-State-Zip: | MORRISTOWN NJ 07962 |

|                 |                     |
|-----------------|---------------------|
| Title           | VPS                 |
| Name            | KRAUS, JAMES V      |
| Address         | 305 MADISON AVENUE  |
| City-State-Zip: | MORRISTOWN NJ 07962 |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | BASSALINE, PAUL W   |
| Address         | 305 MADISON AVE.    |
| City-State-Zip: | MORRISTOWN NJ 07962 |

|                 |                      |
|-----------------|----------------------|
| Title           | CFOD                 |
| Name            | ROBERTSON, MARY JANE |
| Address         | 305 MADISON AVE.     |
| City-State-Zip: | MORRISTOWN NJ 07962  |

|                 |                     |
|-----------------|---------------------|
| Title           | AVP                 |
| Name            | CHADWICK, JACK W    |
| Address         | 305 MADISON AVE.    |
| City-State-Zip: | MORRISTOWN NJ 07962 |

*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:** JACK W. CHADWICK

AVP

04/10/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date