

2019 FOREIGN PROFIT CORPORATION AMENDED 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 CHAIRMAN OF THE BOARD,
PRESIDENT, & CEO
Name ADEE, MARC JAMES
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07962

Title CFO & SENIOR VP
Name PALADINO, ARLEEN AMBROSE
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07962

Title EXECUTIVE VP & COO
Name SLIMOWICZ, ANTHONY ROBERT
Address 305 MADISON AVE.
City-State-Zip: MORRISTOWN NJ 07962

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

Title SENIOR VP
Name BENNETT, ROBERT STANLEY
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07962

Title SENIOR VP & CONTROLLER
Name SCAGLIONE, CARMINE
Address 305 MADISON AVENUE
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: CARMINE SCAGLIONE**SVP & CONTROLLER****09/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date