

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004841

**Entity Name:** UNITED STATES LIABILITY INSURANCE COMPANY**Current Principal Place of Business:**1190 DEVON PARK DRIVE  
WAYNE, PA 19087-2150**Current Mailing Address:**1190 DEVON PARK DRIVE  
P O BOX 6700  
WAYNE, PA 19087-8700 US**FEI Number: 23-1383313****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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, PRESIDENT, CEO  
Name NERNEY, THOMAS PATRICK  
Address 600 MAPLEWOOD AVENUE  
City-State-Zip: WAYNE PA 19087

Title EXECUTIVE VICE PRESIDENT,  
CONTROLLER, TREASURER  
Name RIVITUSO, STEVEN JOHN  
Address 1112 WOODBRIDGE WAY  
City-State-Zip: WEST CHESTER PA 19380

Title EXECUTIVE VICE PRESIDENT  
Name ADDIEGO, MARK ANTHONY  
Address 1190 DEVON PARK DRIVE  
City-State-Zip: WAYNE PA 19087-2150

Title PRESIDENT, CUSTOMER  
DISTRIBUTION, DIRECTOR  
Name SNYDER, THOMAS CHRISTOPHER  
Address 521 COLFELT COURT  
City-State-Zip: EXTON PA 19341

Title EXECUTIVE VP, DIRECTOR  
Name KUESEL TRAYNOR, LISA KATHLEEN  
Address 414 DUTTON MILL ROAD  
City-State-Zip: MALVERN PA 19355

Title EXECUTIVE VP, DIRECTOR  
Name CARBALLO, JACK THOMAS  
Address 1245 GORDON ROAD  
City-State-Zip: JENKINTOWN PA 19046

Title PRESIDENT, PROPERTY AND  
CASUALTY DIVISION, DIRECTOR  
Name MAUER, REINER RALF  
Address 1190 DEVON PARK DRIVE  
City-State-Zip: WAYNE PA 19087-2150

Title PRESIDENT, SPECIALTY LINES  
DIVISION, DIRECTOR  
Name MITALA, ANDREW MICHAEL  
Address 119 BENNINGTON ROAD  
City-State-Zip: PHOENIXVILLE PA 19460

**Continues on page 2**

*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: STEVEN J RIVITUSO****EVP CONTROLLER  
TREASURER****04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT, SECRETARY,  
DIRECTOR  
Name REILEY, LAUREN ANNE  
Address 1190 DEVON PARK DRIVE  
City-State-Zip: WAYNE PA 19087-2150

Title EXECUTIVE VICE PRESIDENT  
Name MOUL, SASHA DUNDI  
Address 44 ARROWHEAD CIRCLE  
City-State-Zip: COLLEGEVILLE PA 19426