2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2017
Secretary of State
CC9392612749

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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: Yes

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 ROAD
City-State-Zip:	WAYNE PA 19087

Title	EXECUTIVE VP, SECRETARY, DIRECTOR
Name	PETERSEN, JOHN RICHARD JR.
Address	914 DOLPHIN DRIVE
City-State-Zip:	MALVERN PA 19355

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

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

Title	EXECUTIVE VICE PRESIDENT, TREASURER, DIRECTOR
Name	RIVITUSO, LOUIS FRANCIS
Address	709 PEACH TREE DRIVE
City-State-Zip:	WEST CHESTER PA 19380

Title	EXECUTIVE VICE PRESIDENT DIRECTOR
Name	DUDA, DIANE SYMNOSKI
Address	1616 CLEARBROOK ROAD
City-State-Zip:	LANSDALE PA 19446

Title	EXECUTIVE VP, DIRECTOR
Name	KUESEL TRAYNOR, LISA KATHLEEN
Address	33 MEADOW CREEK LANE
City-State-Zip:	MALVERN PA 19355

Title	PRESIDENT, PROPERTY AND CASUALTY DIVISION, DIRECTOR
Name	MAUER, REINER RALF
Address	233 EAST KING STREET #425
City-State-Zip:	MALVERN PA 19355

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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 EVP TREASURER & CFO 04/28/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	DONAHUE, JOHN GERALD JR.
Address	201 CARRIAGE LANE
City-State-Zip:	NEWTOWN SQUARE PA 19073