

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000092583

1. Entity Name
LIBERTY AMERICAN INSURANCE COMPANY



Principal Place of Business
**7785 66TH ST. N.
P.O. BOX 8080
PINELLAS PARK, FL 33780-8080**

Mailing Address
**7785 66TH ST. N.
P.O. BOX 8080
PINELLAS PARK, FL 33780-8080**



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3448220

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MEYER, T BRUCE
7785 66TH STREET NORTH
PINELLAS PARK, FL 33781-3113**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
MAGUIRE, JAMES J JR
215 DRESHERTOWN ROAD
FORT WASHINGTON, PA 19034**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVST
KELLER, CRAIG P
29 WOODCROFT ROAD
HAVERTOWN, PA 19083**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MEYER, T. BRUCE
506 BROOKTREE CT.
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MEYER, KENNETH A
2944 BAY MEADOW CT
CLEARWATER, FL 33761**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000888224
04/22/08-80004-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

T. Bruce Meyer
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08 1-727-546-8911

Date

Daytime Phone #