

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092583

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: LIBERTY AMERICAN INSURANCE COMPANY

## Current Principal Place of Business:

7785 66TH ST. N.  
P.O. BOX 8080  
PINELLAS PARK, FL 337808080

## New Principal Place of Business:

7785 66TH ST. N.  
THIRD FLOOR  
PINELLAS PARK, FL 33781

## Current Mailing Address:

7785 66TH ST. N.  
P.O. BOX 8080  
PINELLAS PARK, FL 337808080

## New Mailing Address:

7785 66TH ST. N.  
PINELLAS PARK, FL 337808080

FEI Number: 59-3448220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: MAGUIRE, JAMES J JR  
Address: 215 DRESHERTOWN ROAD  
City-St-Zip: FORT WASHINGTON, PA 19034

Title: DVST ( ) Delete  
Name: KELLER, CRAIG P  
Address: 29 WOODCROFT ROAD  
City-St-Zip: HAVERTOWN, PA 19083

Title: PD ( ) Delete  
Name: MEYER, T. BRUCE  
Address: 506 BROOKTREE CT.  
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Delete  
Name: MEYER, KENNETH A  
Address: 2944 BAY MEADOW CT  
City-St-Zip: CLEARWATER, FL 33761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: T. BRUCE MEYER

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date