2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000092583

Entity Name: LIBERTY AMERICAN INSURANCE COMPANY

FILED Sep 29, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7785 66TH ST. N. 220 CENTRAL PARKWAY THIRD FLOOR SUITE 2070

PINELLAS PARK, FL 33781 ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

7785 66TH ST. N. ONE BALA PLAZA

PINELLAS PARK, FL 337808080 SUITE 100
BALA CYNWYD, PA 19004

FEI Number: 59-3448220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. 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: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C

Name: MAGUIRE, JAMES J JR
Address: 215 DRESHERTOWN ROAD
City-St-Zip: FORT WASHINGTON, PA 19034

Title: DVST

Name: KELLER, CRAIG P
Address: 29 WOODCROFT ROAD
City-St-Zip: HAVERTOWN, PA 19083

Title: PD

 Name:
 MEYER, T. BRUCE

 Address:
 506 BROOKTREE CT.

 City-St-Zip:
 LUTZ, FL 33549

Title: \

Name: MEYER, KENNETH A
Address: 2944 BAY MEADOW CT
City-St-Zip: CLEARWATER, FL 33761

Title: VP

Name: RUSH, THOMAS A II Address: 403 VIXEN PLACE

City-St-Zip: LINCOLN UNIVERSITY, PA 19352

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: THOMAS A. RUSH II VP 09/29/2010