

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 281416

FILED
Mar 24, 2009
Secretary of State

Entity Name: LIBERTY AMERICAN INSURANCE SERVICES, INC.

Current Principal Place of Business:

7785 66TH ST N
PO BOX 8080
PINELLAS PARK, FL 337808080 US

Current Mailing Address:

7785 66TH ST N
PO BOX 8080
PINELLAS PARK, FL 337808080 US

New Principal Place of Business:

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

New Mailing Address:

P.O. BOX 8080
PINELLAS PARK, FL 337808080 US

FEI Number: 59-1059110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, MEYER T
7785 66TH ST NORTH
PINELLAS PARK, FL 337813113 US

Name and Address of New Registered Agent:

MEYER, T. BRUCE
7785 66TH ST NORTH
PINELLAS PARK, FL 337813113 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: T. BRUCE MEYER

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEYER, BRUCE T
Address: 506 BROOKTREE CT
City-St-Zip: LUTZ, FL 33548

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

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

Title: DV () Delete
Name: MEYER, KENNETH A
Address: 2944 BAY MEADOW CT.
City-St-Zip: CLEARWATER, FL 33731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEYER, T. BRUCE
Address: 506 BROOKTREE CT
City-St-Zip: LUTZ, FL 33548

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

Title: CDV (X) Change () Addition
Name: MAGUIRE, JAMES J JR
Address: 215 DRESHERTOWN RD
City-St-Zip: FORT WASHINGTON, PA 19034

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