## 2010 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 281416** 

FILED Sep 29, 2010 Secretary of State

Entity Name: LIBERTY AMERICAN INSURANCE SERVICES, INC.

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

220 EAST CENTRAL PKWY 220 CENTRAL PKWY

STE 3010 STE 2070

ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

ONE BALA PLAZA STE 100

BALA CYNWYD, PA 19004

FEI Number: 59-1059110 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: PD

Name: MEYER, T. BRUCE
Address: 506 BROOKTREE CT
City-St-Zip: LUTZ, FL 33548

Title: DVST

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

Title: CDV

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

Title: DV

Name: MEYER, KENNETH A
Address: 2944 BAY MEADOW CT.
City-St-Zip: CLEARWATER, FL 33731

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