2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# 281416

Entity Name: LIBERTY AMERICAN INSURANCE SERVICES, INC.

Current Principal Place of Business:

220 CENTRAL PKWY
STE 2070
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

220 CENTRAL PARKWAY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

ONE BALA PLAZA
STE 100
BALA CYNWYD, PA 19004

New Mailing Address:

220 CENTRAL PARKWAY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-1059110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MEYER, T. BRUCE
Address: 220 CENTRAL PARKWAY, SUITE 2070
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VPST
Name: KELLER, CRAIG P
Address: 220 CENTRAL PARKWAY, SUITE 2070
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: KELLY LETTMANN POA 03/22/2011

Electronic Signature of Signing Officer or Director Date