

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 281416

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** LIBERTY AMERICAN INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

220 CENTRAL PARKWAY  
SUITE 2070  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 CENTRAL PARKWAY  
SUITE 2070  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**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: PCEO  
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: RUSSELL KOPP

POA

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date