

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808731

FILED  
May 30, 2012  
Secretary of State

**Entity Name:** LIBERTY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2000 WADE HAMPTON BLVD  
GREENVILLE, SC 29615 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1389  
GREENVILLE, SC 29602 US

**New Mailing Address:**

**FEI Number:** 44-0188050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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: PD  
Name: SMITH, GUY H III  
Address: 2000 WADE HAMPTON BLVD  
City-St-Zip: GREENVILLE, SC 29615

Title: T  
Name: ATTAWAY, DAVID C  
Address: 2000 WADE HAMPTON BLVD  
City-St-Zip: GREENVILLE, SC 29615

Title: S  
Name: JOHN, GOLDEN L  
Address: 818 MANHATTAN BEACH BLVD, SUITE 100  
City-St-Zip: MANHATTAN BEACH, CA 90266

Title: CA  
Name: EASLEY, MATTHEW  
Address: 2000 WADE HAMPTON BLVD  
City-St-Zip: GREENVILLE, SC 29615

Title: CEO  
Name: BELARDI, JAMES R  
Address: 818 MANHATTAN BEACH BLVD, SUITE 100  
City-St-Zip: MANHATTAN BEACH, CA 90266

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: GUY H. SMITH, III

PD

05/30/2012

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

\_\_\_\_\_  
Date