

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

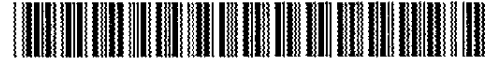
**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 853515**

1. Entity Name  
**AMERICAN RELIABLE INSURANCE COMPANY**



Principal Place of Business 8655 E. VIA DE VENTURA SCOTTSDAL, AZ 85258 US	Mailing Address 8655 E. VIA DE VENTURA SCOTTSDALE, AZ 85258 US
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**DO NOT WRITE IN THIS SPACE**

04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-0735002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CAMA, CHRISTINA B 8655 E. VIA DE VENTURA SCOTTSDALE, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, ROBERT 8655 E. VIA DE VENTURA SCOTTSDALE, AZ 85258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV RON HALL 8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAMACHO, BRUCE P 11222 QUAIL ROOST DR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000109635  
04/12/04-80050-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Robert Hill **4/5/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #