


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 853515**  
 1. Entity Name  
**AMERICAN RELIABLE INSURANCE COMPANY**



Principal Place of Business Mailing Address  
**8655 E. VIA DE VENTURA** **8655 E. VIA DE VENTURA**  
**SCOTTSDAL, AZ 85258** **SCOTTSDALE, AZ 85258** US

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number **41-0735002** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** 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**

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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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **4/6/05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #