


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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 US **SCOTTSDALE, AZ 85258 US**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
41-0735002 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

6. 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

DO NOT WRITE IN THIS SPACE

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 04/24/06-80007-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 4/4/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR