


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90101 035 \*\*\*150.00

**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**

40075450

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04032008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**41-0735002**      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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CAMA, CHRISTINA B 8655 E. VIA DE VENTURA SCOTTSDALE, AZ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, ROBERT 8655 E. VIA DE VENTURA SCOTTSDALE, AZ 85258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV RON HALL 8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAMACHO, BRUCE P 11222 QUAIL ROOST DR MIAMI, FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T James K Levine 8655 E Via De Ventura Scottsdale, AZ 85258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Gene Mergelmeyer 333 S Anfa Dr Orange CA 92868 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ronald Hall 8655 E Via de Ventura Scottsdale AZ 85258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JAMES LEVINE**      4/1/08      480-483-8666

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