

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853515

FILED
Apr 02, 2012
Secretary of State

Entity Name: AMERICAN RELIABLE INSURANCE COMPANY

Current Principal Place of Business:

8655 E. VIA DE VENTURA
SCOTTSDALE, AZ 85258 US

New Principal Place of Business:

Current Mailing Address:

8655 E. VIA DE VENTURA
SCOTTSDALE, AZ 85258 US

New Mailing Address:

FEI Number: 41-0735002 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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: VSD
Name: CHRISTINA, CAMA B
Address: 8655 E. VIA DE VENTURA
City-St-Zip: SCOTTSDALE, AZ 85258 US

Title: P/D
Name: HILL, ROBERT F
Address: 8655 E. VIA DE VENTURA
City-St-Zip: SCOTTSDALE, AZ 85258 US

Title: V/D
Name: HALL, RONALD R
Address: 8655 E VIA DE VENTURA
City-St-Zip: SCOTTSDALE, AZ 85258 US

Title: T
Name: TURNER, BEECH H
Address: 260 INTERSTATE N. CIRCLE, SE
City-St-Zip: ATLANTA, GA 30339 US

Title: C
Name: MERGELMEYER, GENE E
Address: 2677 N. MAIN STREET, #600
City-St-Zip: SANTA ANA, CA 92705 US

Title: V
Name: DEN DRAAK, WILLEM
Address: 8655 E VIA DE VENTURA
City-St-Zip: SCOTTSDALE, AZ 85258 US

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: CHRISTINA B. CAMA

VSD

04/02/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date