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**Florida Department of State
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION

Liberty American Insurance Group, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$70.00

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J. Shivers MAY 07 2010



April 29, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: LIBERTY AMERICAN INSURANCE GROUP, INC.
REF: W10000020854

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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FAX Aud. #: H10000102653
Letter Number: 110A00010655

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Liberty American Insurance Group, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 23-2996755
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 12, 1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
(Principal office address)
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
(Current mailing address)
8. personal insurance company
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Ann J. Williams

(Registered agent's signature)
Ann J. Williams, Asst. VP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James J. Maguire Jr

Address: One Bala Plaza suite 100

Bala Cynwyd, PA 19004

Director: _____

Address: _____

B. OFFICERS

President: Thomas B. Meyer

Address: 220 E Central Parkway suite 3010

Altamonte Springs, FL 32701

Vice President: Thomas A. Rush II

Address: One Bala Plaza suite 100

Bala Cynwyd, PA 19004

Secretary: Craig P. Keller

Address: One Bala Plaza suite 100 Bala Cynwyd, PA 19004

Treasurer: Craig P. Keller

Address: One Bala Plaza suite 100 Bala Cynwyd, PA 19004

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas A. Rush II

(Signature of Director or Officer listed in number 12 of the application)

14. Thomas A. Rush II, VP

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIBERTY AMERICAN INSURANCE GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.


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TALLAHASSEE, FLORIDA

3016265 8300

100436565

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7960199

DATE: 04-28-10