2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # H85190

1. Entity Name
LIBERTY AMERICAN PREMIUM FINANCE COMPANY

Principal Place of Business	Mailing Address
7785 66TH ST N. P.O. BOX 8080 PINELLAS PARK, FL 33780-8080 US	7785 66TH ST N. P.O. BOX 8080 PINELLAS PARK, FL 33780-8080 US

DO NOT WRITE IN THIS SPACE

03182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2701288
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELDRIDGE, P. DANIEL
7785 66 TH STREET NORTH
PINELLAS PARK, FL 33781

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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 _____ 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, 2004 Fee will be $550.00

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

U00000097942
03/29/04-80021-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MAGUIRE, JAMES J
STREET ADDRESS	215 DRESHERTOWN ROAD
CITY-ST-ZIP	FORT WASHINGTON, PA 19034
TITLE	PD
NAME	ELDRIDGE, P. DANIEL
STREET ADDRESS	1540 GULF BLVD #202
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	DVS
NAME	KELLER, CRAIG P
STREET ADDRESS	29 WOODCROFT ROAD
CITY-ST-ZIP	HAVERTOWN, PA 19083
TITLE	DTV
NAME	MEYER, T. BRUCE
STREET ADDRESS	506 BROOKTREE COURT
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	DV
NAME	SADLER, CHARLES B
STREET ADDRESS	11722 WALKER AVE
CITY-ST-ZIP	SEMINOLE, FL 33772
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)(i), 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: [signature] T. Bruce Meyer, TREAS 3/18/04 727-542-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #