## 2006 FOR PROFIT CORPORATION

## Apr 21, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #K32971 04-21-2006 90112 015 \*\*\*150.00 1. Entity Name LIBERTY AMERICAN SELECT INSURANCE COMPANY Principal Place of Business Mailing Address 4002000-7785 66TH STREET NORTH 7785 66TH STREET NORTH P. O. BOX 8080 P. O. BOX 8080 PINELLAS PARK, FL 33780-8080 PINELLAS PARK, FL 33780-8080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 65-0091741 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEYER, T. BRUCE ELDRIDGE, P. DANIEL Street Address (P.O. Box Number is Not Acceptable) 7785 66TH STREET NORTH 7785 66TH STREET NORTH PINELLAS PARK, FL 33781 City PINELLAS PARK 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. 4-18-06 SIGNATURE Signature, typed or printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and title if applitudes a specific printed name of registered agent and the specific printed name of registered name E: Registered Agent signature required when rainstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ■ Addition PD DTV ☐ Delete TITLE TITLE NAMÉ MEYER, T. B NAME STREET ADDRESS 506 BROOKTREE CT STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33548 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE MAGUIRE, JAMES J JR NAME NAME STREET ADDRESS 215 DRESHERTOWN ROAD STREET ADDRESS FORT WASHINGTON, PA 19034 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE SADLER, CHARLES B. NAME STREET ADDRESS 11722 WALKER AVE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CITY-ST-ZIP Change ☐ Addition □ Delete TITLE ELDRIDGE, P.D. NAME NAME 1540 GULF BLVD., #202 STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

DVS T

MEYER, KENNETH A.

2944 BAY MEADOW CT.

CLEARWATER, FL 33731

SIGNATURE: \_

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CLEARWATER, FL 33767

29 WOODCROFT ROAD

HAVERTOWN, PA 19083

KELLER, CRAIG

DVS

PROS.

4-18-06 Date

727-546-8911

**FILED** 

Change

☐ Change

☐ Addition

★ Addition