


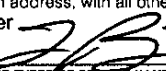
FILED
Apr 21, 2008 8:00 am
Secretary of State

40073314



4. FEI Number 65-0091741	Applied For
	Not Applicable

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

DOCUMENT # K32971			
1. Entity Name LIBERTY AMERICAN SELECT INSURANCE COMPANY			
Principal Place of Business 7785 66TH STREET NORTH P. O. BOX 8080 PINELLAS PARK, FL 33780-8080		Mailing Address 7785 66TH STREET NORTH P. O. BOX 8080 PINELLAS PARK, FL 33780-8080	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State ZipCountry		3. Mailing Address Suite, Apt. #, etc. City & State ZipCountry	
6. Name and Address of Current Registered Agent MEYER, T BRUCE 7785 66TH STREET NORTH PINELLAS PARK, FL 33781		Name Street Address City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, T. B 506 BROOKTREE CT LUTZ, FL 33548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Meyer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDV MAGUIRE, JAMES J JR 215 DRESHERTOWN ROAD FORT WASHINGTON, PA 19034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELDRIDGE, P D 1540 GULF BLVD., #202 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KELLER, CRAIG 29 WOODCROFT ROAD HAVERTOWN, PA 19083 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEYER, KENNETH A 2944 BAY MEADOW CT CLEARWATER, FL 33731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered. T. Bruce Meyer SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			