

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K32971

FILED
Sep 07, 2011
Secretary of State

Entity Name: LIBERTY AMERICAN SELECT INSURANCE COMPANY

Current Principal Place of Business:

220 CENTRAL PARKWAY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

ONE BALA PLAZA
SUITE 100
BALA CYNWYD, PA 19004

New Mailing Address:

FEI Number: 65-0091741 **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
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: PD
Name: MEYER, T. BRUCE
Address: 506 BROOKTREE CT
City-St-Zip: LUTZ, FL 33548

Title: CDV
Name: MAGUIRE, JAMES J JR
Address: 215 DRESHERTOWN ROAD
City-St-Zip: FORT WASHINGTON, PA 19034

Title: DVST
Name: KELLER, CRAIG
Address: 29 WOODCROFT ROAD
City-St-Zip: HAVERTOWN, PA 19083

Title: DV
Name: MEYER, KENNETH A
Address: 2944 BAY MEADOW CT
City-St-Zip: CLEARWATER, FL 33731

Title: VP
Name: RUSH, THOMAS A II
Address: 403 VIXEN PLACE
City-St-Zip: LINCOLN UNIVERSITY, PA 19352

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: ANNE MEYER

_____ Electronic Signature of Signing Officer or Director

POA

09/07/2011

_____ Date