2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# K32971

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:

220 CENTRAL PARKWAY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

ONE BALA PLAZA
SUITE 100
BALA CYNWYD, PA 19004

New Mailing Address:

220 CENTRAL PARKWAY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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: PCEO
Name: MEYER, T. BRUCE
Address: 506 BROOKTREE CT
City-St-Zip: LUTZ, FL 33548

Title: D
Name: MAGUIRE SR, JAMES
Address: 220 CENTRAL PARKWAY, SUITE 2070
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VSTD
Name: KELLER, CRAIG P
Address: 220 CENTRAL PARKWAY, SUITE 2070
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D
Name: MEYER, KENNETH A
Address: 220 CENTRAL PARKWAY, SUITE 2070
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: RUSSELL KOPP POA 04/16/2012

Electronic Signature of Signing Officer or Director — Date