

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045192

FILED
Feb 10, 2012
Secretary of State

Entity Name: LIBERTY FIRST RISK RETENTION GROUP INSURANCE COMPANY

Current Principal Place of Business:

5679 S REDWOOD RD
STE #26
SALT LAKE CITY, UT 84123

New Principal Place of Business:

5679 S REDWOOD RD
STE #25
SALT LAKE CITY, UT 84123

Current Mailing Address:

5679 S REDWOOD RD
STE #26
SALT LAKE CITY, UT 84123

New Mailing Address:

5679 S REDWOOD RD
STE #25
SALT LAKE CITY, UT 84123

FEI Number: 20-4943003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1291 HAYS ST
TALLAHYASSEE, FL 32301 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: P/D
Name: ALIENGENA, GARY
Address: 2461 MEADOWS DR
City-St-Zip: PARK CITY, UT 84060

Title: VP/D
Name: DUNN, GREG
Address: 2684 W 220 N
City-St-Zip: PROVO, UT 84057

Title: D
Name: PETITT, VJ
Address: 394 E SAGEBRUSH PL
City-St-Zip: PARK CITY, UT 84098

Title: D
Name: JORGENSEN, SUSAN
Address: 20 PAYDAY DR
City-St-Zip: PARK CITY, UT 84060

Title: D
Name: ALIENGENA, ANTHONY
Address: 4879 LAST STAND DR
City-St-Zip: PARK CITY, UT 84098

Title: S
Name: ALIENGENA, SUSAN
Address: 2461 MEADOWS DR
City-St-Zip: PARK CITY, UT 84060

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: VJ PETITT

D

02/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date