2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2011
Secretary of State

DOCUMENT# P97000092583

Entity Name: LIBERTY AMERICAN 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: 59-3448220 **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 32314-6200
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: CRAIG KELLER

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

Title: PD
Name: MEYER, T. BRUCE
Address: 506 BROOKTREE CT.
City-St-Zip: LUTZ, FL 33549

Title: V
Name: MEYER, KENNETH A
Address: 2944 BAY MEADOW CT
City-St-Zip: CLEARWATER, FL 33761

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 POA 10/10/2011

Electronic Signature of Signing Officer or Director — Date