2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2014
Secretary of State
CC5471756312

DOCUMENT# 281416

Entity Name: LIBERTY AMERICAN INSURANCE SERVICES, INC.

Current Principal Place of Business:

220 CENTRAL PARKWAY, SUITE 2070
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

220 CENTRAL PARKWAY, SUITE 2070
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-1059110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	CEO, PRESIDENT	Title	VP, SECRETARY
Name	O'LEARY, ROBERT D.	Name	GILMER-PAUCIELLO, KAREN
Address	ONE BALA PLAZA, SUITE 100	Address	3 BALA PLAZA EAST, SUITE 400
City-State-Zip:	BALA CYWYD PA 19004	City-State-Zip:	BALA CYNWYD PA 19004

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: ROBERT D. O'LEARY PRESIDENT 04/17/2014

Electronic Signature of Signing Officer/Director Detail — Date