2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2017
Secretary of State
CC5566555221

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Entity Name: LIBERTY AMERICAN INSURANCE SERVICES, INC.

Current Principal Place of Business:

ONE BALA PLAZA
SUITE 100
BALA CYNWYD, PA 19004

Current Mailing Address:

ONE BALA PLAZA
SUITE 100
BALA CYNWYD, PA 19004 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	TREASURER	Title	DIRECTOR
Name	KELLY, MIKE	Name	YASUE, NOBUFUMI
Address	ONE BALA PLAZA SUITE 100	Address	ONE BALA PLAZA SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004	City-State-Zip:	BALA CYNWYD PA 19004
Title	DIRECTOR	Title	DIRECTOR
Name	GILMER-PAUCIELLO, KAREN	Name	O'LEARY, ROBERT D
Address	ONE BALA PLAZA SUITE 100	Address	ONE BALA PLAZA SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004	City-State-Zip:	BALA CYNWYD PA 19004
Title	CEO	Title	CHAIRMAN OF THE BOARD
Name	O'LEARY, ROBERT D	Name	MAGUIRE, JAMES J. JR.
Address	ONE BALA PLAZA SUITE 100	Address	ONE BALA PLAZA SUITE 100
City-State-Zip:	BALA CYNWYD 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 CEO 04/13/2017

Electronic Signature of Signing Officer/Director Detail — Date