

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P38993** (2)

1. Corporation Name  
**LIBERTY INSURANCE SERVICES ADMINISTRATOR CORPORATION**

Principal Place of Business  
**2000 WADE HAMPTON BLVD.  
GREENVILLE SC 29615**

Mailing Address  
**P. O. BOX 789  
GREENVILLE SC 29602  
US**

**FILED**  
95 JAN 27 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/27/1992	03/29/1994
22		27		4. FEI Number	Applied For
City & State		City & State		57-0935614	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, WILLIAM B.	1.2 NAME	
STREET ADDRESS	219 LAKE CIRCLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONIVAN, DOUGLAS L.	2.2 NAME	
STREET ADDRESS	614 ASHETON WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, STANLEY B., JR.	3.2 NAME	VICE-PRESIDENT
STREET ADDRESS	405 CLEVELAND STREET	3.3 STREET ADDRESS	BERNARD C. HAZON
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	2000 WADE HAMPTON BLVD GREENVILLE SC 29615
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MARTHA G.	4.2 NAME	
STREET ADDRESS	13 QUAIL HILL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN P.	5.2 NAME	
STREET ADDRESS	310 WATER MILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREER SC	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGDEN, RALPH L.	6.2 NAME	
STREET ADDRESS	510 MCDANIEL AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha G. Williams **MARTHA G. WILLIAMS** 1-20-95 (803) 268-8280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Three's)