

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Feb 18, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P38993</b>			
1. Entity Name <b>LIBERTY INSURANCE SERVICES ADMINISTRATOR CORPORATION</b>			
Principal Place of Business <b>2000 WADE HAMPTON BLVD. GREENVILLE SC 29615</b>		Mailing Address <b>P. O. BOX 789 GREENVILLE SC 29602 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b> Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT, EVANS E</b>	NAME	
STREET ADDRESS	<b>2000 WADE HAMPTON BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GREENVILLE SC 29615</b>	CITY-ST-ZIP	<b>U00000055441 02/18/04-80001-013 150.00</b>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYR, SUSAN E</b>	NAME	
STREET ADDRESS	<b>2000 WADE HAMPTON BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GREENVILLE SC 29615</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, KENNETH W</b>	NAME	
STREET ADDRESS	<b>2000 WADE HAMPTON BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GREENVILLE SC 29615</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIPP, HAYNE</b>	NAME	
STREET ADDRESS	<b>2000 WADE HAMPTON BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GREENVILLE SC 29615</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



MOORE CR2E034 (11/03)

4. FEI Number **57-0935614** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kenneth W Jones **Kenneth W. Jones** 2-10-04 864-609-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #