

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 29602-0789 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/27/1992	3a. Date of Last Report 04/26/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 57-0935614	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81. Name		85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)		FL	
83.			
84. City			

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, PORTER B.	1.2 NAME	
STREET ADDRESS	4 PINE FOREST DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE SC	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONIVAN, DOUGLAS L.	2.2 NAME	
STREET ADDRESS	814 ASHETON WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	SIMPSONVILLE SC	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZON, BERNARD C	3.2 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE SC	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIPP, HAYNE	6.2 NAME	
STREET ADDRESS	131 HUCKLEBERRY RIDGE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 R. Rainey* **Martha R. Rainey** 3/19/97 864/609-8280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)