

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON 09/30/98: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 05/27/1992

4. FEI Number
 57-0935614

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Sulte, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Sulte, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|------------------------|---|---------------------------|
| TITLE | P | 1.1 TITLE | P |
| NAME | ROSE, PORTER B. | 1.2 NAME | Jennie M. Johnson |
| STREET ADDRESS | 4 PINE FOREST DR | 1.3 STREET ADDRESS | 2 Club Forest Lane |
| CITY-ST-ZIP | GREENVILLE SC | 1.4 CITY-ST-ZIP | Greenville, SC 29615 |
| TITLE | V | 2.1 TITLE | Chief Info. Tech. Officer |
| NAME | DONIVAN, DOUGLAS L. | 2.2 NAME | Joel Conrad |
| STREET ADDRESS | 614 ASHETON WAY | 2.3 STREET ADDRESS | 320 Pebble Stone Lane |
| CITY-ST-ZIP | SIMPSONVILLE SC | 2.4 CITY-ST-ZIP | Taylor, SC 29678 |
| TITLE | VP | 3.1 TITLE | |
| 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 | 4.1 TITLE | |
| 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 | T |
| NAME | SMITH, JOHN P. | 5.2 NAME | Kenneth W. Jones |
| STREET ADDRESS | 310 WATER MILL ROAD | 5.3 STREET ADDRESS | 6 Staten Lane |
| CITY-ST-ZIP | GREER SC | 5.4 CITY-ST-ZIP | Taylor, SC 29687 |
| TITLE | D | 6.1 TITLE | |
| 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 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: *[Signature]* REQUIRED

July 16, 1998 814-170-3646

CR2E034 (5/98)