

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90030 040 \*\*\*150.00

DOCUMENT # P38993

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

57-0935614

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ 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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME ROSE, PORTER B.  
STREET ADDRESS 4 PINE FOREST DR  
CITY-ST-ZIP GREENVILLE SC

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Jennie M. Johnson  
1.3 STREET ADDRESS 2000 Wade Hampton Blvd.  
1.4 CITY-ST-ZIP Greenville, SC 29615

TITLE ☐ DELETE  
NAME CONRAD, JOEL  
STREET ADDRESS 320 PEBBLE STONE LANE  
CITY-ST-ZIP TAYLORS SC 29678

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME JOHNSON, JENNIE M  
STREET ADDRESS 2 CLUB FOREST LANE  
CITY-ST-ZIP GREENVILLE SC 29615

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME WILLIAMS, MARTHA G.  
STREET ADDRESS 13 QUAIL HILL DRIVE  
CITY-ST-ZIP GREENVILLE SC

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME JONES, KENNETH W  
STREET ADDRESS 6 STATEN LANE  
CITY-ST-ZIP TAYLORS SC 29687

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HIPPI, HAYNE  
STREET ADDRESS 131 HUCKLEBERRY RIDGE  
CITY-ST-ZIP GREENVILLE SC

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Kenneth W. Jones*

Kenneth W. Jones-Treasurer 1/28/99 (864) 609-3646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)