

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003341

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** AMERICAN INTER-FIDELITY EXCHANGE CORP

**Current Principal Place of Business:**

8400 LOUISIANA STREET STE 401  
MERRILLVILLE, IN 46410

**New Principal Place of Business:**

**Current Mailing Address:**

8400 LOUISIANA STREET STE 401  
MERRILLVILLE, IN 46410

**New Mailing Address:**

FEI Number: 35-1603234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

EXCETER INSURANCE, INC.  
40 SARASOTA CENTER BLVD STE 106  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: VENDITTI, LEX  
Address: 8400 LOUISIANA STREET STE 401  
City-St-Zip: MERRILLVILLE, IN 46410

Title: S  
Name: ANTONSON, HAL  
Address: 8400 LOUISIANA STREET STE 401  
City-St-Zip: MERRILLVILLE, IN 46410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEX VENDITTI

PRES

04/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date