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.

Electronic Signature of Signing Officer/Director Detail

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003341

Entity Name: AMERICAN INTER-FIDELITY EXCHANGE CORP

Current Principal Place of Business:

9223 BROADWAY SUITE A MERRILLVILLE, IN 46410

Current Mailing Address:

9223 BROADWAY SUITE A MERRILLVILLE, IN 46410 US

FEI Number: 35-1603234

Name and Address of Current Registered Agent:

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

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.

		0	0	
SIGNATURE:	RICHARD PENNEY			04/02/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title P	т	Title	S	
Name V	/ENDITTI, LEX	Name	ANTONSON, HAL	
	0223 BROADWAY SUITE A	Address	9223 BROADWAY SUITE A	
City-State-Zip: N	MERRILLVILLE IN 46410	City-State-Zip:	MERRILLVILLE IN 46410	

SIGNATURE: LEX VENDITTI

PRESIDENT

04/02/2018

FILED Apr 02, 2018 Secretary of State CC6004515693

Certificate of Status Desired: Yes

Date