

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000005405

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC0624511529**

**Entity Name:** AMERICAN CONTRACTORS INDEMNITY COMPANY

**Current Principal Place of Business:**

601 SOUTH FIGUEROA STREET  
SUITE 1600  
LOS ANGELES, CA 900175721

**Current Mailing Address:**

601 SOUTH FIGUEROA STREET  
SUITE 1600  
LOS ANGELES, CA 900175721 US

**FEI Number:** 95-4290651

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
ATTN: SERVICE OF PROCESS SECTION  
TALLAHASSEE, FL 32399-4201 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            PESSIN, ADAM S.  
Address        601 SOUTH FIGUEROA STREET  
                 SUITE 1600  
City-State-Zip: LOS ANGELES CA 90017-5721

Title            DIRECTOR  
Name            IRICK, BRAD T.  
Address        13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title            TREASURER, VP  
Name            LEE, JONATHAN  
Address        13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title            DIRECTOR  
Name            RINICELLA, RANDY D.  
Address        13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title            SECRETARY  
Name            LUDLOW, ALEXANDER  
Address        13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title            DIRECTOR  
Name            CARMAN, PETER W.  
Address        20 W. AYLESBURY ROAD  
City-State-Zip: TIMONIUM MD 21093

*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:** ALEXANDER LUDLOW

**SECRETARY**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date