2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

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Entity Name: INDEPENDENCE AMERICAN INSURANCE COMPANY

Current Principal Place of Business:

485 MADISON AVENUE
14TH FLOOR
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

485 MADISON AVENUE
14TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 74-1746542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CCO
Name: GIBBONS, THOMAS A
Address: 485 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: PRES
Name: KETTIG, DAVID T
Address: 485 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: CFO
Name: BALZOFIORE, GARY J
Address: 485 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: SVP
Name: VANDERVOORT, ADAM C
Address: 485 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: VP
Name: DAVID, GETZ B
Address: 485 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: VP
Name: BRIAN, R SCHLIER R
Address: 485 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

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: DAVID GETZ VP 01/19/2011

Electronic Signature of Signing Officer or Director — Date