

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000001504

FILED  
Oct 19, 2007  
Secretary of State

Entity Name: AMERICAN INDEPENDENT INSURANCE COMPANY

## Current Principal Place of Business:

RIVER PARK 1, 1000 RIVER RD  
SUITE 300  
CONSHOHOCKEN, PA 19428

## New Principal Place of Business:

1000 RIVER RD  
SUITE 300  
CONSHOHOCKEN, PA 19428

## Current Mailing Address:

RIVER PARK 1, 1000 RIVER RD  
SUITE 300  
CONSHOHOCKEN, PA 19428

## New Mailing Address:

1000 RIVER RD  
SUITE 300  
CONSHOHOCKEN, PA 19428

FEI Number: 23-1876648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER OF FLORIDA  
200 E GAINES ST  
TALLAHASSEE, FL 323990300 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: INSURANCE COMMISSIONER OF FLORIDA

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STRUCK, JOHN  
Address: 489 FIFTH AVE  
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete  
Name: MCLAUGHLIN, PATRICK J  
Address: 100 CHETWYND DR, STE 202  
City-St-Zip: ROSEMONT, PA 19010

Title: PRES ( ) Delete  
Name: LOCKHORN, WILLIAM B  
Address: 1000 RIVER RD, STE 300  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CFO (X) Delete  
Name: KEYSER, MARK J  
Address: 1000 RIVER ROAD, STE 300  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SVP (X) Delete  
Name: ARNESON, BRUCE S  
Address: 1000 RIVER RD, STE 300  
City-St-Zip: CONSHOHOCKEN, PA 19428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOCKHORN, WILLIAM B  
Address: 1000 RIVER RD, SUITE 300  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: TCFO (X) Change ( ) Addition  
Name: KEYSER, MARK J  
Address: 1000 RIVER RD, SUITE 300  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SSVP (X) Change ( ) Addition  
Name: ARNESON, BRUCE S  
Address: 1000 RIVER RD, STE 300  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM B. LOCKHORN

PRES

10/19/2007

Electronic Signature of Signing Officer or Director

Date