

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001504

FILED
Feb 08, 2008
Secretary of State

Entity Name: AMERICAN INDEPENDENT INSURANCE COMPANY

Current Principal Place of Business:

1000 RIVER RD
SUITE 300
CONSHOHOCKEN, PA 19428

New Principal Place of Business:

Current Mailing Address:

1000 RIVER RD
SUITE 300
CONSHOHOCKEN, PA 19428

New Mailing Address:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

CEO

02/08/2008

Electronic Signature of Signing Officer or Director

_____ Date