2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2012
Secretary of State

DOCUMENT# F05000001504

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:

1862 CHARTER LANE
SUITE 102
LANCASTER, PA 17601

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

OFFICERS AND DIRECTORS:

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

Title: TCFO
Name: KEYSER, MARK J
Address: 1862 CHARTER LANE, SUITE 102
City-St-Zip: LANCASTER, PA 17601

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

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: MAN DU AS 02/17/2012

Electronic Signature of Signing Officer or Director — Date