

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04326

FILED
May 01, 2012
Secretary of State

Entity Name: HEALTH CARE INDEMNITY, INC.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202 US

New Mailing Address:

FEI Number: 61-0904881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATIO N SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP
Name: HAASE, JOSEPH S
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: DVPT
Name: ANDERSON, DAVID G
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: DVPS
Name: FRANCK, JOHN M II
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: VP
Name: MEISTER, LISA
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: VP
Name: FULLER COOPER, SHIRLEY
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPAS
Name: ROTH, KEN
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

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: JOHN M. FRANCK II

VPS

05/01/2012

Electronic Signature of Signing Officer or Director

Date