

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18644

FILED
Apr 22, 2009
Secretary of State

Entity Name: AMERICAN INTERSTATE INSURANCE COMPANY

Current Principal Place of Business:

2301 HWY 190 WEST
ATTN: CONTROLLER
DERIDDER, LA 70634 US

New Principal Place of Business:

Current Mailing Address:

2301 HWY 190 EAST
ATTN: CONTROLLER
DERIDDER, LA 70634 US

New Mailing Address:

FEI Number: 58-1181498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: EVSD () Delete
Name: WALKER, TODD R
Address: 2301 HWY 190 W
City-St-Zip: DERIDDER, LA 70634

Title: EVCF () Delete
Name: BANTA, GEOFFREY R
Address: 2301 HWY. 190 WEST
City-St-Zip: DERIDDER, LA 70634

Title: PCEO () Delete
Name: BRADLEY, C. ALLEN JR.
Address: 2301 HWY 190 WEST
City-St-Zip: DERIDDER, LA 70634

Title: VT () Delete
Name: LEMANN, PETER T
Address: 2301 HWY 190 WEST
City-St-Zip: DERIDDER, LA 70634

Title: VCON () Delete
Name: FROST, G. JANELLE
Address: 2301 HWY 190 WEST
City-St-Zip: DERIDDER, LA 70634

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: COO (X) Change () Addition
Name: BANTA, GEOFFREY R
Address: 2301 HWY. 190 WEST
City-St-Zip: DERIDDER, LA 70634

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

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

Title: CFO (X) Change () Addition
Name: FROST, G. JANELLE
Address: 2301 HWY 190 WEST
City-St-Zip: DERIDDER, LA 70634

Title: CONT () Change (X) Addition
Name: GRANGER, PAULA
Address: 2301 HWY 190 WEST
City-St-Zip: DERIDDER, LA 70634

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: PAULA GRANGER

CONT

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date