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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25626** **(3)**

1. Corporation Name
AMERICAN HEALTHCARE INDEMNITY COMPANY

Principal Place of Business	Mailing Address
800 SILVER LAKE BLVD. DOVER DE 19901 US	P.O. BOX 7031 ATT: FINANCE DEPARTMENT DOVER DE 19903-7031 US

2. Principal Place of Business	2a. Mailing Address
21 9441 W. Olympic Blvd. (Suite, Apt. #, etc.)	26 PO Box 4015 (Suite, Apt. #, etc.)
22	27
23 Beverly Hills, CA (City & State)	28 Beverly Hills, CA (City & State)
24 90212 (Zip) / 25 USA (Country)	29 90213 (Zip) / 30 USA (Country)

3. Date Incorporated or Qualified: 08/16/1989
3a. Date of Last Report: 03/30/1996
4. FEI Number: 59-2048400 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LIEBOWITZ, ALANLD E. F		1.2 NAME	Donald Joseph Zuk	
STREET ADDRESS	800 SILVER LAKE BLVD.		1.3 STREET ADDRESS	9441 W. Olympic Blvd.	
CITY-ST-ZIP	DOVER DE 19904		1.4 CITY-ST-ZIP	Beverly Hills, CA 90212	
TITLE	S	☒ DELETE	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	ZUCKERMAN, RICHARD		2.2 NAME	Wendell L. Moseley	
STREET ADDRESS	800 SILVER LAKE BLVD.		2.3 STREET ADDRESS	9441 W. Olympic Blvd.	
CITY-ST-ZIP	DOVER DE 19904		2.4 CITY-ST-ZIP	Beverly Hills, CA 90212	
TITLE	VTD	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	OATES, JOHN T		3.2 NAME	Patrick T. Lo	
STREET ADDRESS	800 SILVER LAKE BLVD.		3.3 STREET ADDRESS	9441 W. Olympic Blvd.	
CITY-ST-ZIP	DOVER DE		3.4 CITY-ST-ZIP	Beverly Hills, CA 90212	
TITLE	V	☒ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	MILLER, ERIC S		4.2 NAME	Joseph P. Henkes	
STREET ADDRESS	800 SILVER LAKE BLVD.		4.3 STREET ADDRESS	9441 W. Olympic Blvd.	
CITY-ST-ZIP	DOVER DE		4.4 CITY-ST-ZIP	Beverly Hills, CA 90212	
TITLE	VT	☒ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	FORCADE, DANIEL F		5.2 NAME	Patrick S. Grant	
STREET ADDRESS	800 SILVER LAKE BLVD.		5.3 STREET ADDRESS	9441 W. Olympic Blvd.	
CITY-ST-ZIP	DOVER DE		5.4 CITY-ST-ZIP	Beverly Hills, CA 90212	
TITLE		☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME			6.2 NAME	Mitchell S. Karlan	
STREET ADDRESS			6.3 STREET ADDRESS	9441 W. Olympic Blvd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Beverly Hills, CA 90212	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ (800) 557-8751