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FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

9441 W OLYMPIC BLVD  
BEVERLY HILLS CA 90212  
US

Mailing Address

P O BOX 4015  
BEVERLY HILLS CA 90213  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1989

4. FEI Number

59-2048400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME ZUK, DONALD J  
STREET ADDRESS 9441 W OLYMPIC BLVD  
CITY-ST-ZIP BEVERLY HILLS CA

TITLE ☐ DELETE

SD  
NAME MOSELEY, WENDELL L  
STREET ADDRESS 9441 W OLYMPIC BLVD  
CITY-ST-ZIP BEVERLY HILLS CA

TITLE ☐ DELETE

T  
NAME LO, PATRICK T  
STREET ADDRESS 9441 W OLYMPIC BLVD  
CITY-ST-ZIP BEVERLY HILLS CA

TITLE ☐ DELETE

V  
NAME HENKES, JOSEPH P  
STREET ADDRESS 9441 W OLYMPIC BLVD  
CITY-ST-ZIP BEVERLY HILLS CA

TITLE ☐ DELETE

V  
NAME GRANT, PATRICK S  
STREET ADDRESS 9441 W OLYMPIC BLVD  
CITY-ST-ZIP BEVERLY HILLS CA

TITLE ☐ DELETE

D  
NAME KARLAN, MITCHELL S  
STREET ADDRESS 9441 W OLYMPIC BLVD  
CITY-ST-ZIP BEVERLY HILLS CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P/D  
NAME Zuk, Donald J  
STREET ADDRESS 9441 W Olympic Blvd  
CITY-ST-ZIP Beverly Hills CA

2.1 TITLE ☒ Change ☐ Addition

D  
NAME Moseley, Wendell L  
STREET ADDRESS 9441 W Olympic Blvd  
CITY-ST-ZIP Beverly Hills CA

3.1 TITLE ☒ Change ☐ Addition

V/T  
NAME Lo, Patrick T  
STREET ADDRESS 9441 W Olympic Blvd  
CITY-ST-ZIP Beverly Hills

4.1 TITLE ☐ Change ☐ Addition

S/V  
NAME Henkes, Joseph P  
STREET ADDRESS 9441 W Olympic Blvd  
CITY-ST-ZIP Beverly Hills CA

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

7.1 TITLE ☐ Change ☐ Addition

8.1 TITLE ☐ Change ☐ Addition

14. I 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.

CR2E034 (10/97)