

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25626**

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**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90017 036 ***550.00



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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 1888 Century Park East

Suite, Apt. #, etc.

22 Suite 800

City & State

23 Los Angeles, CA

24 Zip 90067

25 Country USA

2a. Mailing Address

26 1888 Century Park East

Suite, Apt. #, etc.

27 Suite 800

City & State

28 Los Angeles, CA

29 Zip 90067

30 Country USA

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 **PD** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **VT** ☐ DELETE

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

TITLE **SV** ☐ DELETE

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

TITLE **V** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

1.2 NAME
1.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
1.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
2.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
3.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
4.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
5.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
6.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

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.

SIGNATURE:

SIGNATURE REQUIRED Patrick T. Lo

7/2/99

800.557.6166

CR2E034 (5/99)

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