2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # P25626 AMERICAN HEALTHCARE INDEMNITY COMPANY 03-01-2001 91333 005 ***150.00 Principal Place of Business Mailing Address **1888 CENTURY PARK EAST** 1888 CENTURY PARK EAST SUITE 800 SUITE 800 LOS ANGELES CA 90067 LOS ANGELES CA 90067 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2048400 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL 32399 Zip Code City 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible _10. Election Campaign Financing --- \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 3R2E034 (10/00) TITLE Change Addition ☐ Delete TITLE ZUK. DONALD J NAME NAME 1888 CENTURY PARK EAST, STE 800 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LOS ANGELES CA 90067 Change ☐ Addition ☐ Delete TITLE MOSELEY, WENDELL L NAME NAME STREET ADDRESS 1888 CENTURY PARK EAST, STE 800 STREET ADDRESS City-St-7P CITY-ST-ZIP LOS ANGELES CA 90067 ☐ Addition ☐ Change ☐ Detete TITLE LO, PATRICK T NAME NAME STREET ADDRESS 1888 CENTURY PARK EAST, STE 800 STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067 CITY-ST-2IP Change Addition TITLE Delete TITLE HENKES, JOSEPH P NAME NAME STREET ADDRESS STREET ADDRESS 1888 CENTURY PARK EAST, STE 800 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067 ☐ Change Addition ☐ Delete TITLE GRANT, PATRICK S NAME NAME STREET ADDRESS STREET ADDRESS 1888 CENTURY PARK EAST, STE 800 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067 CD Change Addition | ☐ Delete TITLE TITLE KARLAN, MITCHELL S NAME NAME STREET ADDRESS 1888 CENTURY PARK EAST, STE 800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: . SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED