2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P25626

AMERICAN HEALTHCARE INDEMNITY COMPANY



Principal Place of Business

1888 CENTURY PARK EAST

SUITE 800 LOS ANGELES, CA 90067

Mailing Address

1888 CENTURY PARK EAST

SUITE 800

LOS ANGELES, CA 90067

FILED Jan 20, 2004 08:00 AM **Secretary of State**



01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2048400 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_				
	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Registered	Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	sing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		Francisco de la companya del companya de la companya del companya de la companya
TITLE NAME STREET ADDRESS CITY+ST+ZIP	PD ZUK, DONALD J 1888 CENTURY PARK EAST, STE 800 LOS ANGELES, CA 90067			U00000008608 01/20/04-80070-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSELEY, WENDELL L 1888 CENTURY PARK EAST, STE 800 LOS ANGELES, CA 90067)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC TSCHUDY, ROBERT B 1888 CENTURY PARK EAST, STE 800 LOS ANGELES, CA 90067) <u> </u>	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV HENKES, JOSEPH P 1888 CENTURY PARK EAST, STE 800 LOS ANGELES, CA 90067)	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANT, PATRICK S 1888 CENTURY PARK EAST, STE 800 LOS ANGELES, CA 90067	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KARLAN, MITCHELL S 1888 CENTURY PARK EAST, STE 801 LOS ANGELES. CA 90067)	,	

12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR