

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P25626

1. Entity Name  
AMERICAN HEALTHCARE INDEMNITY COMPANY



Principal Place of Business  
1888 CENTURY PARK EAST  
SUITE 800  
LOS ANGELES, CA 90067 US

Mailing Address  
1888 CENTURY PARK EAST  
SUITE 800  
LOS ANGELES, CA 90067 US



03172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ZUK, DONALD J  
STREET ADDRESS 1888 CENTURY PARK EAST, STE 800  
CITY-ST-ZIP LOS ANGELES, CA 90067

TITLE D  
NAME MOSELEY, WENDELL L  
STREET ADDRESS 1888 CENTURY PARK EAST, STE 800  
CITY-ST-ZIP LOS ANGELES, CA 90067

TITLE VPC  
NAME TSCHUDY, ROBERT B  
STREET ADDRESS 1888 CENTURY PARK EAST, STE 800  
CITY-ST-ZIP LOS ANGELES, CA 90067

TITLE SV  
NAME HENKES, JOSEPH P  
STREET ADDRESS 1888 CENTURY PARK EAST, STE 800  
CITY-ST-ZIP LOS ANGELES, CA 90067

TITLE V  
NAME GRANT, PATRICK S  
STREET ADDRESS 1888 CENTURY PARK EAST, STE 800  
CITY-ST-ZIP LOS ANGELES, CA 90067

TITLE CD  
NAME KARLAN, MITCHELL S  
STREET ADDRESS 1888 CENTURY PARK EAST, STE 800  
CITY-ST-ZIP LOS ANGELES, CA 90067

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03/26/05-80004-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

Date

Daytime Phone #