

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-04-2007 90189 020 ***150.00

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**

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03202007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
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
CITY-ST-ZIP LOS ANGELES, CA 90067

TITLE VP
NAME MARLEY, EDWARD G
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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

310-551-5967

Date

Daytime Phone #