2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25626

FILED Apr 23, 2009 Secretary of State

Entity Name: AMERICAN HEALTHCARE INDEMNITY COMPANY

Current Pr	incipal Place of	Business:	New Prince	New Principal Place of Business:		
SUITE 800	URY PARK EAS LES, CA 90067	T US				
Current Mailing Address:			New Maili	New Mailing Address:		
				_		
SUITE 800	CENTURY PARK EAST E 800 ANGELES, CA 90067 US			P O BOX 2900 NAPA, CA 945580900 US		
FEI Number:	59-2048400 F	El Number Applied For () FEI	Number Not App	licable () Certificate of Status Des	ired ()	
Name and	Address of Cur	rent Registered Agent:	Name and	I Address of New Registered Agent	t:	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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:						
Electronic Signature of Registered Agent Date						
Election Cam	paign Financing Tr	ust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () De ZUK, DONALD J 1888 CENTURY PA LOS ANGELES, CA	RK EAST, STE 800	Title: Name: Address: City-St-Zip:	P (X) Change () Addition ANDERSON, RICHARD E MD 185 GREENWOOD RD NAPA, CA 945580900 US		
Title: Name: Address: City-St-Zip:	D () De MOSELEY, WENDI 1888 CENTURY PA LOS ANGELES, CA	ELL L .RK EAST, STE 800	Title: Name: Address: City-St-Zip:	COO (X) Change () Addition FRANCIS, ROBERT D 185 GREENWOOD RD NAPA, CA 945580900 US		
Title: Name: Address: City-St-Zip:	VPC () De TSCHUDY, ROBER 1888 CENTURY PA LOS ANGELES, CA	T B .RK EAST, STE 800	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LAWTON, DENNIS B PHD 185 GREENWOOD RD NAPA, CA 945580900 US		
Title: Name: Address: City-St-Zip:	SV () De HENKES, JOSEPH 1888 CENTURY PA LOS ANGELES, CA	P .RK EAST	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition PREIMESBERGER, DAVID G 185 GREENWOOD RD NAPA, CA 945580900 US		
Title: Name: Address: City-St-Zip:	VP () De MARLEY, EDWARI 1888 CENTURY PA LOS ANGELES, CA	O G RK EAST, STE 800	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CD (X) De KARLAN, MITCHEL 1888 CENTURY PA LOS ANGELES, CA	L S RK EAST, STE 800	Title: Name: Address: City-St-Zip:	()Change ()Addition		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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

CFO

SIGNATURE: DAVID PREIMESBERGER

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date

04/23/2009