

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25626

FILED
Apr 23, 2012
Secretary of State

Entity Name: AMERICAN HEALTHCARE INDEMNITY COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

185 GREENWOOD ROAD
NAPA, CA 94558 US

Current Mailing Address:

P O BOX 2900
NAPA, CA 945580900 US

New Mailing Address:

FEI Number: 59-2048400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: ANDERSON, RICHARD E MD
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 945580900 US

Title: COO
Name: FRANCIS, ROBERT D
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 945580900 US

Title: S
Name: DAVID, MCHALE A
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 945580900 US

Title: CFO
Name: PREIMESBERGER, DAVID G
Address: 185 GREENWOOD RD
City-St-Zip: NAPA, CA 945580900 US

Title: VP
Name: WILL, DOUGLAS C
Address: 185 GREENWOOD ROAD
City-St-Zip: NAPA, CA 94558

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

SIGNATURE: DOUGLAS C WILL

VP

04/23/2012

Electronic Signature of Signing Officer or Director

Date