

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25626

Entity Name: AMERICAN HEALTHCARE INDEMNITY COMPANY**Current Principal Place of Business:**185 GREENWOOD ROAD
NAPA, CA 94558**Current Mailing Address:**P O BOX 2900
NAPA, CA 94558-0900 US**FEI Number:** 59-2048400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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**Officer/Director Detail :**

Title	P
Name	ANDERSON, RICHARD EMD
Address	185 GREENWOOD RD
City-State-Zip:	NAPA CA 94558-0900

Title	COO
Name	FRANCIS, ROBERT D
Address	185 GREENWOOD RD
City-State-Zip:	NAPA CA 94558-0900

Title	S
Name	DAVID, MCHALE A
Address	185 GREENWOOD RD
City-State-Zip:	NAPA CA 94558-0900

Title	CFO
Name	PREIMESBERGER, DAVID G
Address	185 GREENWOOD RD
City-State-Zip:	NAPA CA 94558-0900

Title	VP
Name	WILL, DOUGLAS C
Address	185 GREENWOOD ROAD
City-State-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 WILL

VP/CONTROLLER-TDMC

01/29/2013

Electronic Signature of Signing Officer/Director Detail_____
Date