

**2014 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  
200 E, GAINES STREET  
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**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date