

1.) CORPORATION NAME:

**AMERICAN CONTRACTORS INDEMNITY COMPANY**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1379132**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 S. FIGUEROA ST  
STE 1600

CITY/ST/ZIP: LOS ANGELES, CA 90017

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ADAM S PESSIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	601 S. FIGUEROA ST		
	STE 1600		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

NAME:	JEANNIE J KIM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/VP		
ADDRESS:	601 S. FIGUEROA ST		
	STE 1600		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

NAME:	JONATHAN LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	13403 NW FRWY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	RANDY D RINICELLA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	13403 NW FRWY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	BRAD T IRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13403 NW FRWY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	Peter Carman	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	401 Edgewater Place		
	Suite 400		
CITY/ST/ZIP/CO:	Wakefield, MA 01880		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ RANDY D RINICELLA</u>	<u>RANDY D RINICELLA, ASST</u>	<u>3/7/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.