

1.) CORPORATION NAME:

DUE DATE: **10/29/2010**

AMERICAN INDEPENDENT INSURANCE COMPANY

SCC ID NO: **F1649112**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 RIVER ROAD
STE 300

CITY/ST/ZIP: CONSHOHOCKEN, PA 19428-

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: BRUCE S ARNESON
TITLE: PRESIDENT
ADDRESS: 1000 RIVER ROAD
STE 300
CITY/ST/ZIP/CO: CONSHOHOCKEN, PA 19428-

OFFICER DIRECTOR

NAME: MARK J KEYSER
TITLE: TREASURER
ADDRESS: 1000 RIVER ROAD
1000 RIVER ROAD STE 300
CITY/ST/ZIP/CO: CONSHOHOCKEN, PA 19428-

OFFICER DIRECTOR

NAME: BRUCE ARNESON
TITLE: DIRECTOR
ADDRESS: 1000 RIVER ROAD
STE 300
CITY/ST/ZIP/CO: CONSHOHOCKEN, PA 19428-

OFFICER DIRECTOR

NAME: BRUCE SCHNITZER
TITLE: DIRECTOR
ADDRESS: 1000 RIVER ROAD
SDTE 300
CITY/ST/ZIP/CO: CONSHOHOCKEN, PA 19428-

OFFICER DIRECTOR

OFFICER DIRECTOR

NAME: WILLIAM LOCKHORN
TITLE: SECRETARY
ADDRESS: 1000 RIVER ROAD
 STE 300
CITY/ST/ZIP/CO: CONSHOHOCKEN, PA 19428-

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/ WILLIAM LOCKHORN</u>	<u>WILLIAM LOCKHORN,</u>	<u>9/15/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> 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.