

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000531 (3)

1. Corporation Name

AMERICAN SURETY COMPANY



Principal Place of Business

Mailing Address

500 AIRPORT BLVD., STE. 100
BURLINGAME CA 94010

3901 W 86TH ST
STE 450
INDIANAPOLIS IN 46268
US

3. Date Incorporated or Qualified

02/03/1994

3a. Date of Last Report

06/28/1995

4. FEI Number

95-3730189

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person making this statement (registered agent and the corporation)

(NOTE: Registered Agent signature required when first filed)

Date:

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CCEO
WHITLOCK, JOHN T
3901 W. 86TH ST., STE. 450
INDIANAPOLIS IN 46268

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVST
CARMICHAEL, WILLIAM B
3901 W. 86TH ST., STE. 450
INDIANAPOLIS IN 46268

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

President, Secretary and COO
Carmichael, William B.
3901 West 86th Street, Suite 450
Indianapolis, IN 46268

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MCDERMOTT, MICHAEL C
1400 BROWN TRAIL
BEDFORD TX 76021

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Treasurer and CFO
Brian A. Feldman
3901 West 86th Street, Suite 450
Indianapolis, IN 46268

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
JOHNSTON, ROBERT W
8011 RIVER PLACE
CARMEL CA 93923

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

William B. Carmichael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William B. Carmichael, President

06/06/96

Date

317-875-8700

Display Phone

CR2E034 (3/96)