

F94000000531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03 OCT 27 7 11:04

Amend
T. Lewis 10/29/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Surety Company
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Boyer
(Name of person)

American Surety Company
(Name of firm/company)

3905 Vincennes Road, Suite 200
(Address)

Indianapolis, IN 46268
(City/state and zip code)

For further information concerning this matter, please call:

Kathleen Boyer at (317) 875-8700
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

 (Document number of corporation (if known))

1. American Surety Company
 (Name of corporation as it appears on the records of the Department of State)
2. California 3. February 3, 1994
 (Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
 (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
6. If the amendment changes the period of duration, indicate new period of duration.

 (New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
Indiana
 (New jurisdiction)

Kathleen A. Boyer
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kathleen A. Boyer
 (Typed or printed name of person signing)

October 21, 2003
 (Date)

Assistant Secretary
 (Title of person signing)

**STATE OF INDIANA**

FRANK O'BANNON Governor

IDOI**INDIANA DEPARTMENT OF INSURANCE**

311 W. WASHINGTON STREET, SUITE 300

INDIANAPOLIS, INDIANA 46204-2787

TELEPHONE: (317) 232-2385

FAX: (317) 232-5251

SALLY McCARTY, Commissioner

September 9, 2003

Mr. William Burt Carmichael
President
American Surety Company
3905 Vincennes Road, Suite 200
Indianapolis, IN 46268

Dear Mr. Carmichael:

I am pleased to inform you that I have approved your company's application for redomestication to the State of Indiana. Enclosed is your Indiana Certificate of Authority. This Certificate is renewable annually; however, the Indiana Department of Insurance will not issue a duplicate Certificate upon renewal.

With this Certificate, your company now has all rights, privileges, and obligations of an Indiana domestic insurance company. I am confident that your company accepts the responsibility of providing high quality insurance coverage to policyholders. I know that you will work diligently toward our common goal of serving the policy-buying public through qualified, well trained employees and agents.

I invite your company to avail itself of any assistance for services provided by the Department. If you have any questions, comments, or concerns, please do not hesitate to contact us. Congratulations, and welcome to Indiana!

Sincerely,

Sally McCarty
Sally McCarty
Acting Commissioner

Enclosures:

ACCREDITED BY THE
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERSAGENCY SERVICES
(317) 232-2413COMPANY SERVICES
(317) 232-3437CONSUMER SERVICES
(317) 232-2305
In-State 1-800-822-4461EXAMINATIONS / FINANCIAL SERVICES
(317) 232-2385MEDICAL MALPRACTICE
(317) 232-2402
FAX (317) 232-5252SECURITIES / COMPANY RECORDS
(317) 232-1901

31380

Certificate of Similarity
11-9-33

INSURANCE DEPARTMENT
STATE OF INDIANA
office of
COMMISSIONER OF INSURANCE

Indianapolis, Indiana **October 2nd, 2003**

I, Sally McCarty, Commissioner of Insurance of the state of Indiana, do hereby certify that I have caused to have compared the annexed copy of the **Certificate of Authority for the American Surety Company** with the original on file at this Department and find the same to be a correct transcript of the whole of said original.



In witness whereof, I have hereunto
set my hand and affixed my official
seal the day and year first above
written.



Insurance Commissioner

Department of Insurance
State of Indiana
OFFICE OF
Insurance Commissioner

CERTIFICATE OF AUTHORITY

Indianapolis, Indiana September 8, 2003

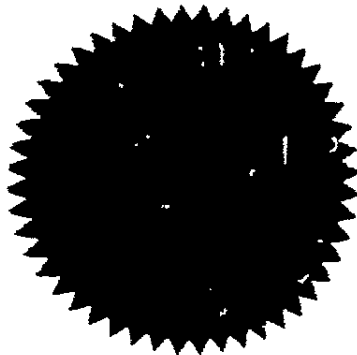
Whereas, The American Surety Company of Indianapolis, Indiana having complied with all the requirements of the laws regulating **Stock Casualty** Insurance Companies doing business in the State of Indiana.

Therefore, as Insurance Commissioner of the State of Indiana, by virtue of authority vested in me by law, I do hereby authorize, empower and license the above named company to transact its appropriate business of:

Class 2 (k)

through its duly authorized agents in the State of Indiana, in accordance with the laws thereof which are applicable to said Company.

IN TESTIMONY WHEREOF I hereunto
subscribe my name and affix the seal of my
office the date written above.



Paul McCarty
INSURANCE COMMISSIONER