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95 APR 25 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Murphree Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P23692 (7)**

1. Corporation Name  
**UNDERWRITERS SURETY INC**

Principal Place of Business	Mailing Address
3901 WEST 86TH #450 P.O. BOX 68932 INDIANAPOLIS IN 46268	3901 WEST 86TH #450 P.O. BOX 68932 INDIANAPOLIS IN 46268

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/03/1989	03/16/1994
4. FEI Number	Applied For
35-1687484	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	WHITLOCK, JOHN T.
STREET ADDRESS	3901 W 86TH ST, #450
CITY - ST - ZIP	INDIANAPOLIS IN
TITLE	SO
NAME	CARMICHAEL, WILLIAM B.
STREET ADDRESS	3901 W 86TH ST, #450
CITY - ST - ZIP	INDIANAPOLIS IN
TITLE	VD
NAME	MCDERMOTT, MICHAEL
STREET ADDRESS	1400 BROWN TRAIL
CITY - ST - ZIP	BEDFORD TX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 607, 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 William B. Carmichael 317-875-8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) 4/18/95  
Secretary/Treasurer (Typed Name)