

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23692

FILED
Jan 22, 2009
Secretary of State

Entity Name: UNDERWRITERS SURETY INC

Current Principal Place of Business:

3905 VINCENNES ROAD, SUITE 200
INDIANAPOLIS, IN 46268

New Principal Place of Business:

3905 VINCENNES ROAD, SUITE 200
INDIANAPOLIS, IN 46268

Current Mailing Address:

P.O. BOX 68932
INDIANAPOLIS, IN 46268

New Mailing Address:

P.O. BOX 68932
INDIANAPOLIS, IN 46268

FEI Number: 35-1687484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITLOCK, JOHN T.,
Address: 3905 VINCENNES ROAD, SUITE 200
City-St-Zip: INDIANAPOLIS, IN 46268

Title: DPCE () Delete
Name: CARMICHAEL, WILLIAM, B.
Address: 3905 VINCENNES ROAD, SUITE 200
City-St-Zip: INDIANAPOLIS, IN 46268

Title: CFOS () Delete
Name: LONGSTRETH, PAUL J
Address: 3905 VINCENNES ROAD SUITE #200
City-St-Zip: INDIANAPOLIS, IN 46268

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHITLOCK, JOHN T DIR
Address: 3905 VINCENNES ROAD, SUITE 200
City-St-Zip: INDIANAPOLIS, IN 46268

Title: DPCE (X) Change () Addition
Name: CARMICHAEL, WILLIAM B DCEO
Address: 3905 VINCENNES ROAD, SUITE 200
City-St-Zip: INDIANAPOLIS, IN 46268

Title: CFOS (X) Change () Addition
Name: LONGSTRETH, PAUL J CFO
Address: 3905 VINCENNES ROAD, SUITE 200
City-St-Zip: INDIANAPOLIS, IN 46268

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN M. BENNETT

MGR

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date