

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23692

**Entity Name:** UNDERWRITERS SURETY INC

**Current Principal Place of Business:**

250 EAST 96TH STREET  
STE #202  
INDIANAPOLIS, IN 46240

**Current Mailing Address:**

P.O. BOX 68932  
INDIANAPOLIS, IN 46268

**FEI Number:** 35-1687484

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title D  
Name WHITLOCK, JOHN TDIR  
Address 250 EAST 96TH STREET, SUITE #202  
City-State-Zip: INDIANAPOLIS IN 46240

Title DPCE  
Name CARMICHAEL, WILLIAM BDCEO  
Address 250 EAST 96TH STREET, SUITE #202  
City-State-Zip: INDIANAPOLIS IN 46240

Title CFOS  
Name LONGSTRETH, PAUL JCFO  
Address 250 EAST 96TH STREET, SUITE #202  
City-State-Zip: INDIANAPOLIS IN 46240

Title EXECUTIVE VICE PRESIDENT  
Name WHITLOCK, MICHAEL J  
Address 250 EAST 96TH STREET #202  
City-State-Zip: INDIANAPOLIS IN 46240

*I hereby 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 all other like empowered.*

SIGNATURE: PAUL J LONGSTRETH

CFO/SEC/TREAS

07/08/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date