


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90236 023 ***150.00

DOCUMENT # F00000005119 1. Entity Name DEVELOPERS SURETY AND INDEMNITY COMPANY	
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Principal Place of Business 17780 FITCH STE 200 IRVINE, CA 92614	Mailing Address 17780 FITCH STE 200 IRVINE, CA 92614
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DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 42-0429710	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE CHIEF FINANCIAL OFFICER POBOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROWELL, HARRY C 17780 FITCH STE 200 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWELL, ROSALYNN 17780 FITCH STE 200 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVSV CROWELL, WALTER A 17780 FITCH STE 200 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, DAVID H 17780 FITCH STE 200 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KERRIGAN, DAVID L 17780 FITCH STE 200 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary/ Albert Hillebrand 17780 Fitch Ste 200 Irvine, CA 92614

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert Hillebrand **4/25/06** **949 263 3379**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Albert Hillebrand