

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005119

FILED
Jan 28, 2009
Secretary of State

Entity Name: DEVELOPERS SURETY AND INDEMNITY COMPANY

Current Principal Place of Business:

17780 FITCH STE 200
IRVINE, CA 92614

New Principal Place of Business:

Current Mailing Address:

17780 FITCH STE 200
IRVINE, CA 92614

New Mailing Address:

FEI Number: 42-0429710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
POBOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: CBOD () Delete
Name: CROWELL, HARRY C
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614

Title: D () Delete
Name: ZAZA, SAM
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614

Title: PD () Delete
Name: CROWELL, WALTER A
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614

Title: D () Delete
Name: RHODES, DAVID H
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614

Title: DV () Delete
Name: KERRIGAN, DAVID L
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614

Title: AS () Delete
Name: HILLEBRAND, ALBERT
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBERT HILLEBRAND

AS

01/28/2009

Electronic Signature of Signing Officer or Director

Date