2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2012
Secretary of State

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Entity Name: DEVELOPERS SURETY AND INDEMNITY COMPANY

Current Principal Place of Business:

17780 FITCH STE 200
IRVINE, CA 92614

New Principal Place of Business:

17780 FITCH STE 200
IRVINE, CA 92614 US

Current Mailing Address:

17780 FITCH STE 200
IRVINE, CA 92614

New Mailing Address:

PO BOX 19725
IRVINE, CA 926239725 US

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

OFFICERS AND DIRECTORS:

Title: CDS
Name: CROWELL, HARRY C
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614 US

Title: VTD
Name: ZAZA, SAM
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614 US

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

Title: VD
Name: KERRIGAN, DAVID L
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614 US

Title: VD
Name: PATE, STEPHEN T
Address: 17780 FITCH STE 200
City-St-Zip: IRVINE, CA 92614 US

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: SAM ZAZA VTD 03/01/2012

Electronic Signature of Signing Officer or Director — Date