

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000000531 (3)**

1. Corporation Name
AMERICAN SURETY COMPANY



Principal Place of Business: **500 AIRPORT BLVD., STE. 100 BURLINGAME CA 94010**
 Mailing Address: **3901 W 86TH ST STE 450 INDIANAPOLIS IN 46268 US**

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **02/03/1994**
 3a. Date of Last Report: **06/28/1995**
 4. FEI Number: **95-3730189**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature type for principal, registered agent and the incorporator. (NOTE: Registered Agent signature requires when most legal.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLOCK, JOHN T	1.2 NAME	
STREET ADDRESS	3901 W. 86TH ST., STE. 450	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN 46268	1.4 CITY - ST - ZIP	
TITLE	DVST	2.1 TITLE	President, Secretary and COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, WILLIAM B	2.2 NAME	Carmichael, William B.
STREET ADDRESS	3901 W. 86TH ST., STE. 450	2.3 STREET ADDRESS	3901 West 86th Street, Suite 450
CITY - ST - ZIP	INDIANAPOLIS IN 46268	2.4 CITY - ST - ZIP	Indianapolis, IN 46268
TITLE	D	3.1 TITLE	Treasurer and CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDERMOTT, MICHAEL C	3.2 NAME	Brian A. Feldman
STREET ADDRESS	1400 BROWN TRAIL	3.3 STREET ADDRESS	3901 West 86th Street, Suite 450
CITY - ST - ZIP	BEDFORD TX 76021	3.4 CITY - ST - ZIP	Indianapolis, IN 46268
TITLE	DP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, ROBERT W	4.2 NAME	
STREET ADDRESS	8011 RIVER PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL CA 93923	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *William B. Carmichael* **06/06/96** **317-875-8700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **William B. Carmichael, President**

CR2E034 (3/96)