

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 22 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F94000000531 (3)**  
 1. Corporation Name  
**AMERICAN SURETY COMPANY**



Principal Place of Business <b>500 AIRPORT BLVD., STE. 100 BURLINGAME CA 94010</b>	Mailing Address <b>3901 W 86TH ST STE 450 INDIANAPOLIS IN 46268-3718 US</b>
---	--

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

<b>3.</b> Date Incorporated or Qualified <b>02/03/1994</b>	<b>3a.</b> Date of Last Report <b>07/03/1996</b>
<b>4.</b> FEI Number <b>95-3730189</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
 CAPITOL  
 TALLAHASSEE FL 32399-0300**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITLOCK, JOHN T</b>	
STREET ADDRESS	<b>3901 W. 86TH ST., STE. 450</b>	
CITY- ST- ZIP	<b>INDIANAPOLIS IN 46268</b>	
TITLE	<b>PSCO</b>	<input type="checkbox"/> DELETE
NAME	<b>CARMICHAEL, WILLIAM B</b>	
STREET ADDRESS	<b>3901 W. 86TH ST., STE. 450</b>	
CITY- ST- ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCDERMOTT, MICHAEL C</b>	
STREET ADDRESS	<b>1400 BROWN TRAIL</b>	
CITY- ST- ZIP	<b>BEDFORD TX 76021</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSTON, ROBERT W</b>	
STREET ADDRESS	<b>8011 RIVER PLACE</b>	
CITY- ST- ZIP	<b>CARMEL CA 93923</b>	
TITLE	<b>TCFO</b>	<input type="checkbox"/> DELETE
NAME	<b>FELDMAN, BRIAN A.</b>	
STREET ADDRESS	<b>3901 WEST 86TH STREET, SUITE 450</b>	
CITY- ST- ZIP	<b>INDIANAPOLIS IN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY- ST- ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY- ST- ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY- ST- ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY- ST- ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY- ST- ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY- ST- ZIP	

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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* **01/13/97** **317-875-8700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William B. Carmichael, President** Date **01/13/97** Daytime Phone # **317-875-8700**

CR2E034 (9/96)