

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 22634 Second Street, Suite 102 Suite, Apt. #, etc.	26
22	27
23 City & State Hayward, CA 94541	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 02/03/1994	
4. FEI Number 95-3730189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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

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 _____ (NO) Registered Agent signature required when reinstating _____ DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete - No Addition
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Delete - No Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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*

CR2E034 (10/97)