


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000000531

1. Entity Name
AMERICAN SURETY COMPANY



Principal Place of Business Mailing Address

**3905 VINCENNES RD
 SUITE #200
 INDIANAPOLIS IN 46268
 US**

**P O BOX 68932
 INDIANAPOLIS IN 46268
 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **95-3730189** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE FL 32399-0000**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: CEO Delete
 NAME: WHITLOCK, JOHN T
 STREET ADDRESS: 3905 VINCENNES ROAD STE 200
 CITY - ST - ZIP: INDIANAPOLIS IN 46268

TITLE: PSCO Delete
 NAME: CARMICHAEL, WILLIAM B
 STREET ADDRESS: 3905 VINCENNES ROAD STE 200
 CITY - ST - ZIP: INDIANAPOLIS IN 46268

TITLE: Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY - ST - ZIP: Change Addition

**UB00000035039
 02/06/04-80004-025 150.00**

TITLE: Change Addition
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 STREET ADDRESS: Change Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William B. Carmichael* **William B. Carmichael, President 2/2/04 317-875-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #