


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90025 047 ***150.00

DOCUMENT # F9400000531

1. Entity Name
AMERICAN SURETY COMPANY



Principal Place of Business Mailing Address
3905 VINCENNES RD **P O BOX 68932**
SUITE #200 **INDIANAPOLIS, IN 46268** **US**
INDIANAPOLIS, IN 46268 **US**

40044010



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

02152006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
95-3730189 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May.1, 2006.Fee will be \$550.00

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

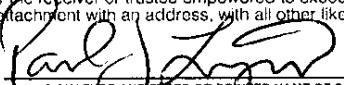
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITLOCK, JOHN T	
STREET ADDRESS	3905 VINCENNES ROAD STE 200	
CITY-ST-ZIP	INDIANAPOLIS, IN 46268	
TITLE	PSCO	<input type="checkbox"/> Delete
NAME	CARMICHAEL, WILLIAM B	
STREET ADDRESS	3905 VINCENNES ROAD STE 200	
CITY-ST-ZIP	INDIANAPOLIS, IN 46268	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LONGSTRETCH, PAUL J	
STREET ADDRESS	3905 VINCENNES ROAD SUITE #200	
CITY-ST-ZIP	INDIANAPOLIS, IN 46268	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmichael, William B	
STREET ADDRESS	3905 Vincennes Road, Suite #200	
CITY-ST-ZIP	Indianapolis, IN 46268	
TITLE	Secretary/Treasurer CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Longstreth, Paul J	
STREET ADDRESS	3905 Vincennes Road, Suite #200	
CITY-ST-ZIP	Indianapolis, IN 46268	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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; it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Paul J. Longstreth, Secretary/Treasurer 2/15/06**

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