

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90110 028 ***150.00



DOCUMENT # F94000000531
 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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01082007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLOCK, JOHN T 3905 VINCENNES ROAD STE 200 INDIANAPOLIS, IN 46268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CARMICHAEL, WILLIAM B 3905 VINCENNESS RD, STE 200 INDIANAPOLIS, IN 46268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carmichael, William B 3905 Vincennes Road, Suite #200 Indianapolis, IN 46268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LONGSTRETCH, PAUL J 3905 VINCENNES ROAD SUITE #200 INDIANAPOLIS, IN 46268 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFOST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Longstreth, Paul J 3905 Vincennes Road, Suite #200 Indianapolis, IN 46268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCFO LONGSTRETH, PAUL J 3905 VINCENNESS RD, STE 200 INDIANAPOLIS, IN 46268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael J. Whitlock 3905 Vincennes Road, Suite #200 Indianapolis, IN 46268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Daniel Amato 3905 Vincennes Road, Suite #200 Indianapolis, IN 46268

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul J. Longstreth 1/16/07 317-875-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #