


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90045 040 \*\*\*150.00

DOCUMENT # F94000000531 1. Entity Name AMERICAN SURETY COMPANY	
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Principal Place of Business 3905 VINCENNES RD SUITE #200 INDIANAPOLIS, IN 46268 US	Mailing Address P O BOX 68932 INDIANAPOLIS, IN 46268 US
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**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-3730189	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLOCK, JOHN T 3905 VINCENNES ROAD STE 200 INDIANAPOLIS, IN 46268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE CARMICHAEL, WILLIAM B 3905 VINCENNESS RD. STE 200 INDIANAPOLIS, IN 46268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFST LONGSTRETCH, PAUL J 3905 VINCENNES ROAD SUITE #200 INDIANAPOLIS, IN 46268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF LONGSTRETH, PAUL J 3905 VINCENNESS RD. STE 200 INDIANAPOLIS, IN 46268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WHITLOCK, MICHAEL J 3905 VINCENNES RD STE 200 INDIANAPOLIS, IN 46268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AMATO, DANIEL 3905 VINCENNES RD. STE 200 INDIANAPOLIS, IN 46268

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IN THIS SPACE**

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**      01/18/08      317-875-8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #