

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

3-295-6-1707-C

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -2 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000 (8)

1. Corporation Name
AMWEST SURETY INSURANCE COMPANY

Principal Place of Business Mailing Address
6320 CANOGA AVE SUITE 300 WOODLAND HILLS CA 91367 US
PO BOX 4500 WOODLAND HILLS CA 91365-4500 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/11/1984** 3a. Date of Last Report **03/04/1994**
4. FEI Number **95-2960673** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAVAGE, RICHARD H.
STREET ADDRESS	6320 CANOGA AVE. #300
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	VD
NAME	MELTON, ARTHUR
STREET ADDRESS	6320 CONOGA AVE., #300
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	V
NAME	PONT, NEIL F.
STREET ADDRESS	6320 CANOGA AVE. #300
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	V
NAME	HILLERY, JAMES ALLEN
STREET ADDRESS	6320 CANOGA AVE. #300
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	PD
NAME	SAVAGE, JOHN
STREET ADDRESS	6320 CANOGA AVE. #300
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	VD
NAME	KAY, STEVEN R.
STREET ADDRESS	6320 CANOGA AVE #300
CITY - ST - ZIP	WOODLAND HILLS CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

(See attached for additional information).

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Phillip E. Huff**
Vice President/Treasurer 2-22-95 (018)704-1111
DATE: _____ DAYTON, FLORIDA

ANNUAL STATEMENT FOR THE YEAR 1994 OF THE AMWEST SURETY INSURANCE COMPANY
 Directors and Officers Information

Last Name	First Name	Middle Name	Suffix	Social Security Number	Date of Birth	P S I	Held Since	Current Employment	Changed Position	Street 1	Street 2
Savage	Richard			566-18-1542	09/02/1919	D	12/02/1976			P. O. Box 2717	
Knott	John			548-96-3920	11/12/1932	D	12/02/1976			22541 Avenida Road	
Thoms	Thomas			519-20-4091	04/09/1927	D	11/29/1990			P. O. Box 549	
Edgar	Steven			066-14-5143	09/02/1918	D	09/02/1988			350 North McAdams Place	
Ray	Steven			569-62-2915	02/12/1954	D	04/30/1992			23933 Eagle Bendale	
Lehan	Jonathan			067-44-8898	07/16/1951	D	05/20/1991			614 Frontier Drive	
Lehan	Arthur			584-04-3028	07/12/1954	D	11/29/1990			476 East Park Street	
Penit	Neil			041-70-1095	05/15/1945	D	11/11/1991			353 Esop Street	
Green	Thomas			213-50-4082	10/30/1959	D	05/13/1999			422 21st Street	
Willet	James			561-62-1203	09/24/1934	D	01/24/1993			23414 Belmont Lane	
Kell	Paul			561-23-8581	09/10/1961	D	11/04/1993			57 Oak Bay Circle	
Rocky	Stephen			543-62-2084	09/13/1951	D	09/09/1992			22945 Las Amantitas Avenue	
Shaska	Jeffrey			529-17-5518	08/28/1956	D	09/01/1993			4539 Vista del Valle Drive	
Kudaska	Michael			480-76-9430	10/26/1982	D	05/02/1988			1207 Bayard Avenue	
Schoner	Mary			182-48-4237	12/02/1955	D	07/17/1990			12206 Cherrycove Street	
Gohen	Karen			523-94-9501	05/20/1954	D	08/16/1993			24709 Calle Conejo	
Allison	Barbara			495-22-6581	11/15/1940	D	07/30/1994			2100 Baylee Street #231	
Barton	Stephen			495-22-3713	06/25/1963	D	09/04/1994			21655 Locust Avenue	
Ort	Richard			587-06-5360	04/18/1954	D	03/04/1994			7119 El Paso	
Asch	Donald			330-48-2882	04/18/1954	D	03/04/1994			1545 Nimitz #111	
Deeks	Donald			529-21-9182	04/18/1958	D	03/04/1994			24723 Via Del Lago	
Deeks, Jr	Donald			202-32-1483	03/19/1962	D	03/04/1994			291 Laberle Drive	
Deeks, Inc	Donald			497-42-0942	02/05/1959	D	03/04/1994			1992 West Cambridge Road	
Deeks, Inc	Donald			554-20-3408	08/09/1964	D	03/04/1994			7030 Decatis Place #19	