

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P02000 (8)
1. Corporation Name
AMWEST SURETY INSURANCE COMPANY

Principal Place of Business
6320 CANOGA AVE
SUITE 300
WOODLAND HILLS CA 91367
US

Mailing Address
PO BOX 4500
WOODLAND HILLS CA 91365-4500
US

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

29 30

3. Date Incorporated or Qualified

05/11/1984

3a. Date of Last Report

03/12/1996

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

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

Sign and type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SAVAGE, RICHARD H.	6320 CANOGA AVE. #300	WOODLAND HILLS CA	<input type="checkbox"/>
VD	MELTON, ARTHUR	6320 CONOGA AVE., #300	WOODLAND HILLS CA	<input type="checkbox"/>
VD	PONT, NEIL F.	6320 CANOGA AVE. #300	WOODLAND HILLS CA	<input checked="" type="checkbox"/>
V	HILLERY, JAMES ALLEN	6320 CANOGA AVE. #300	WOODLAND HILLS CA	<input type="checkbox"/>
PD	SAVAGE, JOHN	6320 CANOGA AVE. #300	WOODLAND HILLS CA	<input type="checkbox"/>
VD	KAY, STEVEN R.	6320 CANOGA AVE #300	WOODLAND HILLS CA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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****165.00 ****165.00

See attached for listing
of Officers & Directors.

14. I do 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PHILLIP C. BUE, Vice President/Treasurer

(818) 704-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

ANNUAL STATEMENT FOR THE YEAR 1996 OF THE Amwest Surety Insurance Company
Directors and Officers Information

Last Name	First Name	Middle Name	Suffix	Social Security Number	Date of Birth	P 0 1 2	Held Since	Executed Employer	Changed Position	Street 1	Street 2	Street 3
Savage	Richard	Bertson		56-43-156	09/02/1919	0	12/02/1996			P. O. Box 2717 5504 Monteville Rd. P. O. Box 509		
Bennett	John	Boyd		50-06-303	11/17/1952	0	12/02/1996			N/A		
Fraser	Thomas	Lee		50-28-401	04/08/1927	0	11/29/1998			501 North McClellan Place		
Levy	Steven	Bandall		06-14-510	09/02/1918	0	03/02/1988			2883 Eagle Mountain		
Beltran	Arthur	Ford		50-02-219	02/12/1954	0	04/30/1992			521 Sanger Plaza		
Cohen	Terri	Greeneberg		54-04-320	07/12/1954	0	11/29/1998			512 West Court		
Miller	David	Bale		06-12-651	11/15/1941	0	07/30/1994			2565 Wright Plaza		
Bauer	David	Allen		50-28-416	05/27/1927	0	11/09/1995			27 Cardinal Road		
Schultz	Charles	Leopold		107-28-412	11/09/1933	0	11/09/1995			325 South Ring Road		
Miller	James	Allen		52-42-173	09/28/1944	0	01/24/1993			2518 Ridgely Lane		
Witt	Phillip	Eric		50-13-651	07/10/1961	0	11/01/1988			2206 Las Rosas Avenue		
Hecky	Stephen	Ernest		50-17-538	08/20/1956	0	09/01/1993			4309 Vista del Valle Drive		
Wortman	Richard	Kathleen		50-46-520	06/25/1963	0	03/04/1994			3457 Three Springs Drive		
Beck	Richard	Stephen		50-11-912	04/10/1968	0	03/04/1994			2472 Via del Llano		
Peterson	Beauje	James		50-12-413	04/10/1957	0	06/01/1996			512 Eagle Heights Court		
Witt	Boyd	Austin		50-16-306	10/20/1936	0	03/04/1996			145 Via Margutta		