

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

*page 1 of 2*

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 APR 16 AM 8:05

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**

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

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**  
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SAVAGE, RICHARD H.</b>	1.2 NAME	
STREET ADDRESS	<b>6320 CANOGA AVE. #300 WOODLAND HILLS CA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>VD MELTON, ARTHUR</b>	2.2 NAME	
STREET ADDRESS	<b>6320 CONOGA AVE., #300 WOODLAND HILLS CA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD PONT, NEIL F.</b>	3.2 NAME	
STREET ADDRESS	<b>6320 CANOGA AVE. #300 WOODLAND HILLS CA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V HILLERY, JAMES ALLEN</b>	4.2 NAME	
STREET ADDRESS	<b>6320 CANOGA AVE. #300 WOODLAND HILLS CA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD SAVAGE, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>6320 CANOGA AVE. #300 WOODLAND HILLS CA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD KAY, STEVEN R.</b>	6.2 NAME	
STREET ADDRESS	<b>6320 CANOGA AVE #300 WOODLAND HILLS CA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**800002145048--3**  
**-04/16/97--01065--017**  
**\*\*\*\*165.00 \*\*\*\*165.00**

*[Handwritten signature]*

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]* **PHILIPPE CAUPEL** 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 S I	Held Since	Cesed Employ-ment	Changed Position	Street 1	Street 2	Street 3
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Savage	Richard			56-43-1562	09/02/1919	0	12/02/1976			P. O. Box 2717 N/A		
Bennett	John			580-96-3828	11/17/1952	0	12/02/1976			554 Bonaventure St. P. O. Box 509 N/A		
Fraser	Edward			519-28-4801	04/08/1927	0	11/29/1994			501 North McClellan Place N/A		
Log	Steven			506-14-5163	09/02/1918	0	03/02/1988			2883 Eagle Mountain N/A		
Holtan	Arthur			509-82-2919	02/12/1954	0	04/30/1992			521 Langford Place N/A		
Cohen	Terri			504-44-3200	07/12/1954	0	11/29/1996			512 Hart Court N/A		
Hiller	Richard			405-32-6511	11/15/1941	0	07/30/1994			2255 In-Flight Plaza N/A		
Bauer	Charles			107-26-4129	05/27/1927	0	11/09/1995			27 Cardinal Road N/A		
Schultz	James			132-26-5759	11/09/1923	0	11/09/1995			25 South Rippon Blvd. N/A		
Hilbery	Phillip			552-42-1783	09/28/1964	0	01/24/1993			2914 Ridgely Lane N/A		
Hoff	Stephan			501-33-6511	07/10/1961	0	11/07/1988			226 Las Rosaritas Avenue N/A		
Hocky	Stephen			507-17-5318	09/09/1956	0	03/04/1994			4509 Vista del Valle Drive N/A		
Hortan	Richard			507-46-5240	06/25/1963	0	03/04/1994			3457 Three Springs Drive N/A		
Wortch	Richard			509-31-9182	04/16/1958	0	06/01/1996			2472 Via del Llano N/A		
Peterson	Beaujoe			508-72-4103	04/10/1957	0	03/04/1994			512 Eagle Heights Court N/A		
Bohn	Boj			508-56-3995	10/28/1936	0	03/24/1996			145 Via Langford N/A		

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