

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

**FILED**  
**Feb 06, 1999 8:00 am**  
**Secretary of State**

02-06-1999 90021 045 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P02000**

1. Corporation Name  
**AMWEST SURETY INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5230 LAS VIRGENES RD**  
**ATTN: TAX MANAGER**  
**CALABASAS CA 91302**  
**US**

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

3. Date Incorporated or Qualified  
**05/11/1984**

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 owes the current year Intangible Personal Property Tax.  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	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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	85 Zip Code
	<b>FL</b>

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAVAGE, RICHARD H.</b>	1.2 NAME	
STREET ADDRESS	<b>5230 LAS VIRGENES RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALABASAS CA 91302</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELTON, ARTHUR</b>	2.2 NAME	
STREET ADDRESS	<b>5230 LAS VIRGENES RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALABASAS CA 91302</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRASER, EDGAR L</b>	3.2 NAME	
STREET ADDRESS	<b>350 NORTH MCCADEN PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA 90004</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILLERY, JAMES ALLEN</b>	4.2 NAME	
STREET ADDRESS	<b>5230 LAS VIRGENES RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALABASAS CA 91302</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAVAGE, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>5230 LAS VIRGENES RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALABASAS CA 91302</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAY, STEVEN R.</b>	6.2 NAME	
STREET ADDRESS	<b>5230 LAS VIRGENES RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALABASAS CA 91302</b>	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIOGHAN Z HERTON 1/8/99 (88)871-3505  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)