

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90271 045 ***150.00

DOCUMENT # P02000
 1. Entity Name
AMWEST SURETY INSURANCE COMPANY

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 95-2960673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete	NAME SAVAGE, RICHARD H.	STREET ADDRESS 5230 LAS VIRGENES RD	CITY-ST-ZIP CALABASAS CA 91302
TITLE VD	<input type="checkbox"/> Delete	NAME MELTON, ARTHUR	STREET ADDRESS 5230 LAS VIRGENES RD	CITY-ST-ZIP CALABASAS CA 91302
TITLE D	<input checked="" type="checkbox"/> Delete	NAME FRASER, EDGAR L	STREET ADDRESS 350 NORTH MCCADEN PLACE	CITY-ST-ZIP LOS ANGELES CA 90004
TITLE V	<input type="checkbox"/> Delete	NAME HILLERY, JAMES ALLEN	STREET ADDRESS 5230 LAS VIRGENES RD	CITY-ST-ZIP CALABASAS CA 91302
TITLE PD	<input type="checkbox"/> Delete	NAME SAVAGE, JOHN	STREET ADDRESS 5230 LAS VIRGENES RD	CITY-ST-ZIP CALABASAS CA 91302
TITLE VD	<input checked="" type="checkbox"/> Delete	NAME KAY, STEVEN R.	STREET ADDRESS 5230 LAS VIRGENES RD	CITY-ST-ZIP CALABASAS CA 91302

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John E. Savage* **JOHN SAVAGE** 5/1/00 (818) 871-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)