

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SAVAGE, RICHARD H.
STREET ADDRESS 5230 LAS VIRGENES RD
CITY-ST-ZIP CALABASAS CA 91302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MELTON, ARTHUR
STREET ADDRESS 5230 LAS VIRGENES RD
CITY-ST-ZIP CALABASAS CA 91302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HILLERY, JAMES ALLEN
STREET ADDRESS 5230 LAS VIRGENES RD
CITY-ST-ZIP CALABASAS CA 91302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME SAVAGE, JOHN
STREET ADDRESS 5230 LAS VIRGENES RD
CITY-ST-ZIP CALABASAS CA 91302

TITLE President ☒ Change ☐ Addition
NAME Jeffrey Shonka
STREET ADDRESS 5230 Las Virgenes Road
CITY-ST-ZIP Calabasas, CA 91032

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rachel Son, AVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2001

Date

(818) 871-2000

Daytime Phone #

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90052 027 ***150.00

00049574



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)