
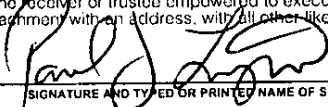


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90025 048 \*\*\*150.00

<b>DOCUMENT # P23692</b> 1. Entity Name <b>UNDERWRITERS SURETY INC</b>					
Principal Place of Business <b>3905 VINCENNES ROAD, SUITE 200 INDIANPOLIS, IN 46268</b>			Mailing Address <b>P.O. BOX 68932 INDIANPOLIS, IN 46268</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WHITLOCK, JOHN T.</b> <b>3905 VINCENNES ROAD, SUITE 200</b> <b>INDIANAPOLIS, IN 46268</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CARMICHAEL, WILLIAM B.</b> <b>3905 VINCENNES ROAD, SUITE 200</b> <b>INDIANAPOLIS, IN 46268</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Carmichael, William B</b> <b>3905 Vincennes Road, Suite #200</b> <b>Indianapolis, IN 46268</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <b>LONGSTRETH, PAUL J</b> <b>3905 VINCENNES ROAD SUITE #200</b> <b>INDIANAPOLIS, IN 46268</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Longstreth, Paul J.</b> <b>3905 Vincennes Road, Suite #200</b> <b>Indianapolis, IN 46268</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 		<b>Paul J. Longstreth, Secretary/Treasurer 2/15/06</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone</small>			