2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P23692 01-26-2007 90037 045 ***150.00 1. Entity Name UNDERWRITERS SURETY INC Principal Place of Business Mailing Address 60007630 3905 VINCENNES ROAD, SUITE 200 P.O. BOX 68932 INDIANPOLIS, IN 46268 INDIANPOLIS, IN 46268 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 35-1687484 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D ☐ Addition ☐ Delete ☐ Change TITLE TITLE WHITLOCK, JOHN T. NAME NAME 3905 VINCENNES ROAD, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS, IN 46268 CITY-ST-ZIP DPCEO **PCEO** ☐ Delcie TITLE TITLE Change Addition CARMICHAEL, WILLIAM B. Carmichael, William B. NAME NAME STREET ADDRESS 3905 VINCENNES ROAD, SUITE 200 STREET ADDRESS 3905 Vincennes Road, Suite #200 CITY-ST-7IP INDIANAPOLIS, IN 46268 CITY-ST-7IP Indianapolis, IN 46268 CFOT ☐ Delete TITLE CFOST ☐ Change ☐ Addition THILE LONGSTRETH, PAUL J NAME Longstreth, Paul J. 3905 VINCENNES ROAD SUITE #200 STREET ADDRESS STREET ADDRESS 3905 Vincennes Road, Suite #200 CITY-ST-ZIP INDIANAPOLIS, IN 46268 CITY-ST-7IP <u>Indianapolis, IN 46268</u> ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 attachneal with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Paul J. Longstreth 1/16/07 317-875-8700

FILED Jan 26, 2007 8:00 am