

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000000531

**Entity Name:** AMERICAN SURETY COMPANY

**Current Principal Place of Business:**

250 EAST 96TH STREET,  
SUITE #202  
INDIANAPOLIS, IN 46240

**Current Mailing Address:**

P O BOX 68932  
INDIANAPOLIS, IN 46268 US

**FEI Number:** 95-3730189

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0000 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name WHITLOCK, JOHN TD  
Address 250 EAST 96TH STREET, SUITE #202  
City-State-Zip: INDIANAPOLIS IN 46240

Title PDCE  
Name CARMICHAEL, WILLIAM BPDCE  
Address 250 EAST 96TH STREET, SUITE #202  
City-State-Zip: INDIANAPOLIS IN 46240

Title DFST  
Name LONGSTRETH, PAUL JDFST  
Address 250 EAST 96TH STREET, SUITE #202  
City-State-Zip: INDIANAPOLIS IN 46240

Title STCF  
Name LONGSTRETH, PAUL J  
Address 250 EAST 96TH STREET, SUITE #202  
City-State-Zip: INDIANAPOLIS IN 46240

Title DVP  
Name WHITLOCK, MICHAEL J  
Address 250 EAST 96TH STREET, SUITE #202  
City-State-Zip: INDIANAPOLIS IN 46240

Title DVP  
Name AMATO, DANIEL  
Address 250 EAST 96TH STREET, SUITE #202  
City-State-Zip: INDIANAPOLIS IN 46240

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL J LONGSTRETH

**CFO/SECRETARY/TREAS** 02/09/2021  
**URER**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date