

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40356 (8)

1. Corporation Name
FAR WEST INSURANCE COMPANY



Principal Place of Business 6320 CANOGA AVE SUITE 300 WOODLAND HILLS CA 91367 US	Mailing Address P.O. BOX 4500 WOODLAND HILL S 91365-4500 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5230 Las Virgenes Road Suite, Apt. #, etc.	26
22 Attn: Tax Manager City & State	27
23 Calabasas, CA Zip Country	28
24 91302 25 USA	29
29 Country	
30	

3. Date Incorporated or Qualified 09/04/1992	
4. FEI Number 95-3858625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	C	<input type="checkbox"/>
NAME	SAVAGE, RICHARD H.	
STREET ADDRESS	6320 CANOGA AVE. #300	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	PD	<input type="checkbox"/>
NAME	SAVAGE, JOHN E.	
STREET ADDRESS	6320 CANOGA AVE. #300	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	VD	<input type="checkbox"/>
NAME	KAY, STEVEN R.	
STREET ADDRESS	6320 CANOGA AVE. #300	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	VD	<input type="checkbox"/>
NAME	MELTON, ARTHUR F.	
STREET ADDRESS	6320 CANOGA AVE. #300	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	D	<input type="checkbox"/>
NAME	FRASER, EDGAR L	
STREET ADDRESS	350 NORTH MCCADEN PLACE	
CITY-ST-ZIP	LOS ANGELES CA 90004	
TITLE	D	<input type="checkbox"/>
NAME	SCHULTZ, CHARLES	
STREET ADDRESS	325 S RIMPAU BLVD	
CITY-ST-ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	5230 Las Virgenes Road		
1.4 CITY-ST-ZIP	Calabasas, CA 91302		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	5230 Las Virgenes Road		
2.4 CITY-ST-ZIP	Calabasas, CA 91302		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	5230 Las Virgenes Road		
3.4 CITY-ST-ZIP	Calabasas, CA 91302		
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	5230 Las Virgenes Road		
4.4 CITY-ST-ZIP	Calabasas, CA 91302		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CRSE034 (10/97)

Directors and Officers Information

0000426339707800



First Name	Middle Name	Suffix	Social Security Number	Date of Birth	P o s i t	Held Since	Ceased Employment	Changed Position	Street 1	Street 2	Street 3	City	St	Zip
Harrison			566-03-1542	09/02/1919 B		12/02/1976			P. O. Box 2717			Friday Harbor	WA	98250
Ewert			548-96-3958	11/17/1952 B		12/02/1976			5584 Romeville Road			Hidden Hills	CA	91302
Austin			568-56-2496	10/28/1936 B		03/14/1986			1405 Via Margarita			Palos Verdes	CA	90274
Randall			569-82-2919	02/12/1954 B		04/30/1992			23933 Eagle Mountain			West Hills	CA	91304
Frederick			041-70-1096	05/15/1945 B		11/11/1991			1451 Mentia Lane			Castroville	CA	93010
Lee			066-14-5143	09/02/1918 B		03/02/1988			320 Junipero Plaza			Santa Barbara	CA	93105
Dale			508-28-0705	05/27/1927 B		11/09/1995			22565 Airight Plaza			Elkhorn	NE	68022
Leggoid			132-20-5759	02/05/1928 B		11/09/1995			325 South Rimau Blvd.			Los Angeles	CA	90020
Stephen			559-31-9162	04/16/1958 B		03/04/1994			24723 Via Del Llano			La Habras	CA	91302
Greenberg			045-32-6551	11/15/1941 B		07/30/1984			5312 Hart Court			Agoura Hills	CA	91301
Allen			551-62-1783	09/24/1944 B		01/24/1983			23414 Bal-oral Lane			Canoga Park	CA	91307
Kathleen			587-06-5260	06/25/1963 B		03/04/1994			3457 Three Springs Drive			Westlake Village	CA	91361
Eric			561-33-0561	07/10/1961 B		11/01/1988			22946 Las Mananitas Avenue			Valencia	CA	91354
Jones			540-72-6183	05/10/1957 B		06/01/1996			2912 Eagle Heights Court			Thousand Oaks	CA	91360
Ernest			558-17-5518	08/28/1956 B		09/01/1993			3364 Chestnut Lane			Castroville	CA	93012
Ailan			480-70-9430	10/26/1962 B		02/05/1998			8804 Gresham Place			West Hills	CA	91304

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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000 (8)
1. Corporation Name
AMWEST SURETY INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6320 CANOGA AVE SUITE 300 WOODLAND HILLS CA 91367 US		Mailing Address PO BOX 4500 WOODLAND HILLS CA 91365-4500 US		3. Date Incorporated or Qualified 05/11/1984	
2. Principal Place of Business 21 5230 Las Virgenes Road Suite, Apt. #, etc.		2a. Mailing Address 26		4. FEI Number 95-2960673	
22 Attn: Tax Manager City & State		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Calabasas, CA Zip Country		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 91302 25 USA		29		30	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SAVAGE, RICHARD H. <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6320 CANOGA AVE. #300	1.2 NAME	
STREET ADDRESS	WOODLAND HILLS CA	1.3 STREET ADDRESS	5230 Las Virgenes Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Calabasas, CA 91302
TITLE	VD MELTON, ARTHUR <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6320 CONOGA AVE., #300	2.2 NAME	
STREET ADDRESS	WOODLAND HILLS CA	2.3 STREET ADDRESS	5230 Las Virgenes Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Calabasas, CA 91302
TITLE	D FRASER, EDGAR L <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	350 NORTH MCCADEN PLACE	3.2 NAME	
STREET ADDRESS	LOS ANGELES CA 90004	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V HILLERY, JAMES ALLEN <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6320 CANOGA AVE. #300	4.2 NAME	
STREET ADDRESS	WOODLAND HILLS CA	4.3 STREET ADDRESS	5230 Las Virgenes Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Calabasas, CA 91302
TITLE	PD SAVAGE, JOHN <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6320 CANOGA AVE. #300	5.2 NAME	
STREET ADDRESS	WOODLAND HILLS CA	5.3 STREET ADDRESS	5230 Las Virgenes Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Calabasas, CA 91302
TITLE	VD KAY, STEVEN R. <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6320 CANOGA AVE #300	6.2 NAME	
STREET ADDRESS	WOODLAND HILLS CA	6.3 STREET ADDRESS	5230 Las Virgenes Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Calabasas, CA 91302

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
Phillip E. Huff

CR2E034 (10/97)

ANNUAL STATEMENT FOR THE YEAR 1997 OF THE Amwest Surety Insurance Company

Directors and Officers Information

First Name	Middle Name	Suffix	Social Security Number	Date of Birth	P o s i t	Held Since	Ceased Employment	Changed Position	Street 1	Street 2	Street 3	City	St	Zip
Harrison			566-03-1542	09/03/1919 B		12/02/1976			P. O. Box 2717			Friday Harbor	WA	98250
Ewert			548-96-3958	11/17/1952 B		12/02/1976			5584 Bonnevillie Road			Hidden Hills	CA	91302
Austin			568-56-3496	10/28/1936 B		03/14/1996			1405 Via Margarita			Palos Verdes	CA	90274
Randall			569-82-2919	02/12/1954 B		04/30/1992			23933 Eagle Mountain			West Hills	CA	91304
Fredrick			041-78-1096	05/15/1945 B		11/11/1991			1451 Menia Lane			Camarillo	CA	93100
Lee			066-74-5143	09/02/1918 D		03/02/1988			320 Junipero Plaza			Santa Barbara	CA	93105
Dale			508-28-0705	05/27/1927 D		11/06/1995			22565 Airport Plaza			Los Angeles	CA	90020
Leopold			132-20-5759	02/05/1928 D		11/09/1995			325 South Rimpau Blvd.			Los Angeles	CA	90020
Stephen			559-31-9162	04/16/1956 D		03/04/1994			24723 Via Del Llano			Calabasas	CA	91302
Greenberg			045-32-6561	11/15/1941 D		07/30/1994			5312 Park Court			Agoura Hills	CA	91301
Allen			551-62-1703	09/24/1944 D		01/24/1983			23414 Baltimore Lane			Canoga Park	CA	91307
Kathleen			567-06-5260	06/25/1963 D		03/04/1994			3457 Three Springs Drive			Westlake Village	CA	91354
Eric			561-33-0561	07/10/1961 D		11/01/1988			22946 Las Mananitas Avenue			Valencia	CA	91354
James			540-72-6183	06/10/1957 D		06/01/1996			2912 Eagle Heights Court			Thousand Oaks	CA	91360
Ernest			558-17-5518	08/28/1956 D		09/01/1993			3364 Chestnut Lane			Conarillo	CA	93012
Alan			480-76-9430	10/26/1962 D		02/05/1998			8804 Gresham Place			West Hills	CA	91304