

05-13-2002 90090 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818570
 1. Entity Name
WESTERN SURETY COMPANY

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business WESTERN SURETY COMPANY		3. Mailing Address 101 S PHILLIPS AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SIOUX FALLS SD		City & State SIOUX FALLS SD	
Zip	Country	Zip	Country

4. FEI Number
46-0204900

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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 *Philip Lundy* **PHILIP LUNY VP/SEC/TREASURER/DIRECTOR** **4-25-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

January - May Fee is \$150.00
After May Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR MARK VONNAHME CNA PLAZA - 13 SOUTH CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/SEC/TREASURER/DIRECTOR PHILIP LUNY 101 S PHILLIPS AVENUE SIOUX FALLS, SD 57117-5077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR JOHN HENEZHAN CNA PLAZA - 13 SOUTH CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR THOMAS POTTLE CNA PLAZA - 13 SOUTH CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR ENID TANENHAUS CNA PLAZA - 13 SOUTH CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID PAUL CNA PLAZA - 13 SOUTH CHICAGO, IL 60685

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip E. Lundy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATTACHMENT

DOCUMENT # **818570/653801**
 1. Entity Name
 WESTERN SURETY COMPANY

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CASEY WARNECKE CNA PLAZA - 13 SOUTH CHICAGO, IL 60685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)