FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

U	NIFORM BUSINE	SS REPORT	r (UBR)	05-13-2002 90090	037 ***150.00				
	MENT # 8185'	70,							
1::Entity Nan	TERN SURETY COMPANY	11.152	الله المعلق المعلق المستقدم ا المستقدم المستقدم ال	****					
	tourn sour pour symple of core			Fig. 1 30. Il at all supergrafts and super-	in the second				
3.00	To a me can bashayaa a cee		State of Sta	to the state of th	And the second second of the second second second				
****	DO:NOT:WRITE	IN THIS S	PACE						
	Place of Business TERN SURETY COMPANY	3. Mailing Address 101 S PHILL	IPS AVENUE						
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	PACE .				
City & Stat	te DUX FALLS SD	City & State SIOUX FALLS	SD	4. FEI Number 46-0204900	Applied For				
Zip	Country	Zip `	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional				
				7. Name and Address of Current Registered	Fee Required Agent				
			Name		·				
	DO NOT WI		Street Address ((P.O. Box Number is Not Acceptable)					
100	IN THIS SP.	ACE							
		and the second	City	FL	Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or register	red agent, or both, in the State of Florida,					
	Ch. J. 1	,							
SIGNATURE	Signature, typic or printed name of regarded agent an	PHILIP LUNY VE d title d'applicable. (NOT	P/SEC/TREASURES E: Registered Agént signature required	R/DIRECTOR 4-25-02	and all and and and				
9. This corpo	pration is eligible to satisfy its Intangible	Car sedanuary ten	Vav 18Fee is \$150.007						
Tax filing i	requirement and elects to do so.	Amende	71-T-66 (51-550 00) 00 UBR (6 50) 25	10. Election Campaign Financing Trust Fund Contribution. □	\$5.00 May Be Added to Fees				
11.	OFFICERS AND D	Make Check Paya	ble to Department of Sta						
TITLE	PRESIDENT/DIRECTOR		mr.						
NAME STREET ADDRESS	MARK VONNAHME CNA PLAZA - 13 SOUTH	··· ·	NAME 'S Street Address 2	Control Same Control Same Society					
CITY-ST-ZIP	CHICAGO, IL 60685	·	GPV-SI-TEP	and the second second second					
TITLE	VP/SEC/TREASURER/DIF PHILIP LUNDY	RECTOR	THE SECOND						
NAME . STREET ADDRESS	101 S PHILLIPS AVENU		NAME Street Address						
CITY-ST-ZIP	SIOUX FALLS, SD 57]		City St ZP 💢 🖁 🚉 🖫						
TITLE NAME	VICE PRESIDENT/DIREC JOHN~HENEGHAN-	TOR	TTLE RAME ALT IN THE SE	The second second second					
STREET ADDRESS	CNA PLAZA - 13 SOUTH	I	STREET ADORESS	DO NOT WEL	TE				
CITY-ST-ZIP	CHICAGO, IL 60685		CITY-ST-ZIP	DO:NOT WRITE					
NAME	VICE PRESIDENT/DIRECTOR THOMAS POTTLE		IME	IN THIS SPACE	;E				
STREET ADDRESS	CNA PLAZA - 13 SOUTH		STREET ADDRESS						
CITY - ST - ZIP	CHICAGO, TL 60685		QTY:ST-ZP						
HTU. NAME	VICE PRESIDENT/DIRECT ENID TANENHAUS	TOR	TITLE NAME OF THE PARTY OF THE						
STREET ADDRESS CITY+ST-ZIP	CNA PLAZA - 13 SOUTH CHICAGO, IL 60685		STREET ADDRESS.						
TITLE	DIRECTOR		me si		100				
AAM:	DAVID PAUL		NAME						
STREET ADDRESS CHY-SI-ZIP	CNA PLAZA - 13 SOUTH CHICAGO, IL 60685		STREET ADDRESS						
13. Thereby o		nis filing does not qualify for	The state of the country of the state of the	ction 119.07(3)(i). Florida Statutes. I further certi	fy that the information				
indicated	13. Thereby certify that the information supplied with this filling 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each, that I am an officer or director								

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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 DIRECTO

1)37

Doyl me Phone #

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: __

ATTACHMENT

DOCU 1. Entity Nam	MENT # 5/8: western surety		5380/					
War de Language de la constant de la	WESTERN SOREIT	CONFAINT						
	and Kalakona	ાયનાકા	PAGE 27 ES					
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State		4. FEI Number	Applied For Not Applicable			
Zip	Country	Zip 	Country	a ostandite di Statas Desired	\$8.75 Additional see Required			
			Name	7. Name and Address of Current Registered	Agent			
	DO NOT W	DITE	Name					
			Street Address (P.O. Box Number is Not Acceptable)				
	: IN THIS SP	ACE						
			City	FL	Zip Code			
The above	purport certiful cultimate this statement for							
o. The above	named entry submits this statement for .	the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida.	- -			
SIGNATURE Sprature, typed or primed hands of registrated agent and tide if applicables. (HOFE: Registered Agent dignature required when reinstating) DATE								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be								
	requirement and elects to do so.			Trust Fund Contribution.	Added to Fees			
11,	OFFICERS AND E	PIRECTORS	(1619/37 C.S.A.S.					
TITLE	DIRECTOR		THE (4.1)	Control of the Contro				
HAME STREET ADDRESS	CASEY WARNECKE CNA PLAZA - 13 SOUT	Н	STREET ADDRESS 4					
CITY+ST+ZIP	CHICAGO, IL 60685		city-st-pp					
TITLE			THE PARTY					
NAME STREET ADDRESS			STREET NOTRESS					
CITY-ST-ZIP			Distru					
TOLE			mer are last		20120			
NAME STREET ADDRESS			STREET ADDRESS					
CHY+51+2P			CIV-SI-ZP	DO NOT WRI	Existing			
TILLE			me To	IN THIS SPACE				
NAM: STREET ADDRESS			STREET ADDRESS					
CJTK I ST I ZIP			CITY-ST-78P					
1014			inte		36 53 36 4 5			
STREET ADDRESS		•	alor .		100			
ORY-SI-ZIP			STREET ADDRESS.					
THE			mu see	Residence and the acc				
NAM. Street address			N. C.	THE PARTY OF THE P				
CIST-SI-DP			SHEET MODESS		277			
13. Thereby o	entry that the information supplied with I	his filing does not qualify for	Non-reserved to Co.	ction 119.07(3)(i). Florida Statutes, Humber cerui	fy 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 11 or or; an attachment with an address, with all other like empowered.								