


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 818570 1. Entity Name WESTERN SURETY COMPANY	
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Principal Place of Business 101 S PHILLIPS AVENUE P.O. BOX 5077 SIOUX FALLS, SD 57117-5077 US	Mailing Address 101 S PHILLIPS AVENUE P.O. BOX 5077 SIOUX FALLS, SD 57117-5077 US
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 46-0204900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
PO BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVSD LUNDY, PHIL 101 S. PHILLIPS AVENUE SIOUX FALLS, SD 57104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELCH, JOHN F CNA PLAZA- 13 SOUTH CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COROORAN, JOHN F ONE PLAZA-13 SOUTH CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POTTLE, THOMAS ONE PLAZA-13 SOUTH CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, MONTE 101 S PHILLIPS AVENUE SIOUX FALLS, SD 57104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANENHAUS, EHID CNA PLAZA-13 SOUTH CHICAGO, IL 60685

U00000371626
07/08/05-80013-007 550.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phil Lundy *Phil Lundy* 605-336-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #