

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818570

FILED
Mar 16, 2011
Secretary of State

Entity Name: WESTERN SURETY COMPANY

Current Principal Place of Business:

101 S PHILLIPS AVENUE
SIOUX FALLS, SD 57104 US

New Principal Place of Business:

Current Mailing Address:

101 S PHILLIPS AVENUE
P.O. BOX 5077
SIOUX FALLS, SD 571175077 US

New Mailing Address:

FEI Number: 46-0204900 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TVSD
Name: LUNDY, PHIL
Address: 101 S. PHILLIPS AVENUE
City-St-Zip: SIOUX FALLS, SD 57104

Title: PD
Name: WELCH, JOHN F
Address: 333 S WABASH AVE, 41ST FLOOR
City-St-Zip: CHICAGO, IL 60604

Title: DV
Name: CORCORAN, JOHN F
Address: 333 S WABASH AVE, 41ST FLOOR
City-St-Zip: CHICAGO, IL 60604

Title: DV
Name: DOUGHERTY, MICHAEL A
Address: 333 S WABASH AVE, 41ST FLOOR
City-St-Zip: CHICAGO, IL 60604

Title: D
Name: HANSON, MONTE
Address: 101 S PHILLIPS AVENUE
City-St-Zip: SIOUX FALLS, SD 57104

Title: D
Name: BRUFLAT, PAUL T
Address: 101 S PHILLIPS AVENUE
City-St-Zip: SIOUX FALLS, SD 57104

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: PHILIP E. LUNDY

TVSD

03/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date