2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000004049 1. Entity Name

WESTERN-SOUTHERN AGENCY, INC.

Principal Place of Business

400 BROADWAY CINCINNATI, OH 45202

SIGNATURE:

Mailing Address

400 BROADWAY CINCINNATI, OH 45202

FILED Apr 29, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number 31-1413821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

<u>513-629-1426</u>

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent)				Agent signalure	required when reinstating)	DATE		
			Campaign Finance ad Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, J.J. 400 BROADWAY CINCINNATI, OH					U00000139407 04/29/04-80120-002 150.00		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VCTD HEENAN, EDWARD S 400 BROADWAY CINCINNATI, OH 45202							
NAME STREET ADDRESS CITY-ST-ZIP	SD WEUBBLING, DONALD J 400 BROADWAY CINCINNATI, OH 45202				DO NOT WRITE			
11TLE NAME STREET ADDRESS CITY-ST-ZIP	V DRAPER, D C 400 BROADWAY CINCINNATI, OH 45202			IN THIS SPACE				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V TAULBEE, RICHARD K 400 BROADWAY CINCINNATI, OH 45202					anna a magani a a a a a a a a a a a a a a a a a a		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, BRYAN C 400 BROADWAY CINCINNATI, OH 45202							
12. I hereby 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 or supplemental report is true and accurage 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 appliess, with all other the empowered.								

DOR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR