


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000004049

1. Entity Name
WESTERN-SOUTHERN AGENCY, INC.



Principal Place of Business
**400 BROADWAY
CINCINNATI, OH 45202**

Mailing Address
**400 BROADWAY
CINCINNATI, OH 45202**

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
31-1413821

Applied For
 Not Applicable

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

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**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, J.J.
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI, OH
TITLE	VCTD
NAME	HEENAN, EDWARD S
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	SD
NAME	WEUBBLING, DONALD J
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	V
NAME	DRAPER, D C
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	V
NAME	TAULBEE, RICHARD K
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	P
NAME	DUNN, BRYAN C
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI, OH 45202

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IN THIS SPACE**

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05/03/05-80130-018 150.00

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: _____ **4/20/05** **513-639-1426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #