FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **804972** (8)

1. Corporation Name

VIRGINIA SURETY COMPANY, INC.

Principal Place of Business	Mailing Address
123 NORTH WACKER DRIVE 26TH FLOOR CHICAGO IL 60606 US	123 NORTH WACKER DRIVE 26TH FLOOR CHICAGO IL 60606 US

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 12/03/1938
3a. Date of Last Report: 05/01/1995
4. FEI Number: 36-3186541 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	COLE, DAVID. L.		1.2 NAME
STREET ADDRESS	123 NORTH WACKER DRIVE		1.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP
TITLE	V	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	BAER, JEROME I		2.2 NAME
STREET ADDRESS	123 N. WACKER DRIVE		2.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP 500001808675 -05/06/96--01027--001
TITLE	AS	☐ DELETE	3.1 TITLE ***200.00 ☐ Change ☐ Addition
NAME	JESCHKE, ARLENE		3.2 NAME
STREET ADDRESS	123 NORTH WACKER DRIVE		3.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	BARRETT, STEPHEN W.		4.2 NAME
STREET ADDRESS	123 N. WACKER DRIVE		4.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP
TITLE	SD	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	LORENZ, HUGO A.		5.2 NAME
STREET ADDRESS	123 N. WACKER DRIVE		5.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP
TITLE	VPD	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	DAVIS, GREGG J		6.2 NAME
STREET ADDRESS	123 NORTH WACKER DRIVE		6.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP

pm 5-1-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerome I Baer — Jerome J. Baer — 312-701-3978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #