

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 P.O. BOX 8264
28TH FLOOR CHICAGO IL 60606
CHICAGO IL 60606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1938

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 30
60680

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	COLE, DAVID. L.	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☐ DELETE
NAME	BAER, JEROME I	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	☐ DELETE
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	☒ DELETE
NAME	BARRETT, STEPHEN W.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SD	☒ DELETE
NAME	LORENZ, HUGO A.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VPD	☐ DELETE
NAME	DAVIS, GREGG J	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. V.P. - Tax	☐ Change ☒ Addition
1.2 NAME	Susan Fyda	
1.3 STREET ADDRESS	123 N. Wacker Dr.	
1.4 CITY-ST-ZIP	Chicago, IL 60606	
2.1 TITLE	Director / Vice President	☐ Change ☒ Addition
2.2 NAME	Carolyn Barrett	
2.3 STREET ADDRESS	123 N. Wacker Dr.	
2.4 CITY-ST-ZIP	Chicago, IL 60606	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)