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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90005 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804972

1. Corporation Name
VIRGINIA SURETY COMPANY, INC.

Principal Place of Business

**123 NORTH WACKER DRIVE
26TH FLOOR
CHICAGO IL 60606
US**

Mailing Address

**P.O. BOX 8264
CHICAGO IL 60680
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

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 **VP** ☒ DELETE
NAME **FYDA, SUSAN**
STREET ADDRESS **123 N WACKER DR**
CITY-ST-ZIP **CHICAGO IL**

TITLE **DVP** ☐ DELETE
NAME **BARRETT, CAROLYN**
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 **Orland L. Bakka**
4.3 STREET ADDRESS **123 N. Wacker Dr, Chicago, IL 60606**
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, with all other like empowered.

SIGNATURE:

SIGNATURE *Katherine Harris*

SIGNATURE AND TYPED OF

Date

Daytime Phone #

4/28 199 312 701-3640

CR2E034 (11/98)