


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90443 033 ***150.00

DOCUMENT # 818570	
1. Entity Name WESTERN SURETY COMPANY	

Principal Place of Business 101 S PHILLIPS AVENUE P.O. BOX 5077 SIOUX FALLS, SD 57117-5077 US	Mailing Address 101 S PHILLIPS AVENUE P.O. BOX 5077 SIOUX FALLS, SD 57117-5077 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212004 Chg-P CR2E034 (10/03)

4. FEI Number 46-0204900		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER PO BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVSD LUNDY, PHIL <input type="checkbox"/> Delete 101 S. PHILLIPS AVENUE SIOUX FALLS, SD 57104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VONNAHME, MARK <input checked="" type="checkbox"/> Delete CNA PLAZA - 13 SOUTH CHICAGO, IL 60685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Francis Welch <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CNA Plaza - 13 South Chicago, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENEGHAN, JOHN <input checked="" type="checkbox"/> Delete ONE PLAZA-13 SOUTH CHICAGO, IL 60685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV John Francis Corcoran <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CNA Plaza - 13 South Chicago, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POTTLE, THOMAS <input type="checkbox"/> Delete ONE PLAZA-13 SOUTH CHICAGO, IL 60685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, MONTE <input type="checkbox"/> Delete 101 S PHILLIPS AVENUE SIOUX FALLS, SD 57104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, DAVID <input checked="" type="checkbox"/> Delete 3175 SATELLITE BLVD BLDG 600 STE 340 DULUTH, GA 30096	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Enid Tanenhaus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CNA Plaza - 13 South Chicago, IL 60685

12. 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 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:  **Phil Lundy** 4-23-04 (605) 336-0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #