#### POTTLE THOMAS A

Form 4

February 12, 2009

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: 3235-0287 Expires: January 31, 2005

0.5

**OMB APPROVAL** 

Section 16.
Form 4 or
Form 5
obligations
may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

response...

*See* Instruction 1(b).

(Print or Type Responses)

1. Name and Ad POTTLE THO	*	ting Person *	2. Issuer Name and Ticker or Trading Symbol CNA SURETY CORP [SUR]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)			
			(Month/Day/Year)	Director 10% Owner			
624 POTTAWAMIE TRAIL  (Street)			02/10/2009	_X_ Officer (give title Other (specify below)			
				SVP, Credit and Field OP			
			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check Applicable Line)			
			Filed(Month/Day/Year)				
BATAVIA, IL 60510				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

							•	1 013011				
	(City)	(State)	(Zip) Ta	ble I - Non	-Derivativ	e Secu	ırities Acqu	ired, Disposed of,	or Beneficial	y Owned		
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	omr Dispos	rities Acquired (A) posed of (D) 3, 4 and 5)  (A) or nt (D) Price		5. Amount of Securities Ownership Beneficially Form: Owned Direct (D) Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
;	CNA Surety Stock Options	02/10/2009		M	1,500	A	\$ 11.5	3,500	D			
;	CNA Surety Stock Options	02/10/2009		S	1,500	D	\$ 18	2,000	D			
	CNA Surety	02/10/2009		M	387	A	\$ 11.5	2,387	D			

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02/10/2009	S	387	D	\$ 17.6	2,000	D
02/11/2009	M	4,613	A	\$ 11.5	6,613	D
02/11/2009	S	4,613	D	\$ 16.8168	2,000	D
02/11/2009	M	12,187	A	\$ 11	14,187	D
02/11/2009	S	12,187	D	\$ 16.8168	2,000	D
02/12/2009	M	13	A	\$ 11	2,013	D
02/12/2009	S	13	D	\$ 16.5	2,000	D
	02/11/2009 02/11/2009 02/11/2009 02/12/2009	02/11/2009       M         02/11/2009       S         02/11/2009       M         02/11/2009       S         02/12/2009       M	02/11/2009 M 4,613  02/11/2009 S 4,613  02/11/2009 S 12,187  02/12/2009 M 13	02/11/2009 M 4,613 A 02/11/2009 S 4,613 D 02/11/2009 M 12,187 A 02/11/2009 S 12,187 D	02/11/2009       M       4,613       A       \$ 11.5         02/11/2009       S       4,613       D       \$ 16.8168         02/11/2009       M       12,187       A       \$ 11         02/11/2009       S       12,187       D       \$ 16.8168         02/12/2009       M       13       A       \$ 11	02/11/2009 M 4,613 A \$11.5 6,613  02/11/2009 S 4,613 D \$ 16.8168 2,000  02/11/2009 S 12,187 D \$ 16.8168 2,000  02/11/2009 M 13 A \$11 2,013

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transactio Code (Instr. 8)	5. Number not Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
CNA Surety Employee Stock Option (1)	\$ 11.5	02/10/2009		M	1,625	11/14/2001	11/14/2010	Common Stock	1,625
CNASurety Employee Stock Option (2)	\$ 11.5	02/10/2009		M	262	11/14/2002	11/14/2010	Common Stock	262
CNA Surety Stock Option (3)	\$ 11.5	02/11/2009		M	1,363	11/14/2002	11/14/2010	Common Stock	1,363
CNA Surety Stock Option (4)	\$ 11.5	02/11/2009		M	1,625	11/14/2003	11/14/2010	Common Stock	1,625
CNA Surety Stock Option (5)	\$ 11.5	02/11/2009		M	1,625	11/14/2004	11/14/2010	Common Stock	1,625
CNA Surety Stock Option (6)	\$ 11	02/11/2009		M	3,050	10/11/2000	10/11/2009	Common Stock	3,050
CNA Surety Stock Option (7)	\$ 11	02/11/2009		M	3,050	10/11/2001	10/11/2009	Common Stock	3,050
CNA Surety Stock Option (8)	\$ 11	02/11/2009		M	3,050	10/11/2002	10/11/2009	Common Stock	3,050
CNA Surety Stock Option (9)	\$ 11	02/11/2009		M	3,037	10/11/2003	10/11/2009	Common Stock	3,037
CNA Surety Stock Option (10)	\$ 11	02/12/2009		M	13	10/11/2003	10/11/2009	Common Stock	13

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

POTTLE THOMAS A

624 POTTAWAMIE TRAIL SVP, Credit and Field OP

BATAVIA, IL 60510

# **Signatures**

Rosemary Quinn

- POA 02/12/2009

\*\*Signature of Reporting Date

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

- (1) Employee Exercised Stock Options
- (2) Employee Exercised Stock Options
- (3) Employee Exercised Stock Options
- (4) Employee Exercised Stock Options
- (5) Employee Exercised Stock Options
- (6) Employee Exercised Stock Options
- (7) Employee Exercised Stock Options
- (8) Employee Exercised Stock Options
- (9) Employee Exercised Stock Options

(10) Employee Exercised Stock Options

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 4