POTTLE THOMAS A

Form 4

August 03, 2010

FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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

burden hours per response...

1(b).

Options

(Print or Type Responses)

1. Name and Address of Reporting Person * POTTLE THOMAS A			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) 624 POTTAWAMIE TRAIL		3. Date of Earliest Transaction (Month/Day/Year) 08/03/2010					Director 10% Owner Sylvantification				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
BATAVI						_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivativ	e Secı	ırities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	4. Securities Acquired action(A) or Disposed of (D) (Instr. 3, 4 and 5) 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
~~·				Code V	Amount		Price	(Instr. 3 and 4)			
CNA Surety Stock	08/03/2010			M	4,000	A	\$ 13.05	6,000	D		
CNA Surety Stock Options	08/03/2010			S	100	D	\$ 17.75	5,900	D		
CNA Surety Stock	08/03/2010			S	100	D	\$ 17.76	5,800	D		

<u>(1)</u>						
CNA Surety Stock Options	08/03/2010	S	100	D	\$ 17.78 5,700	D
CNA Surety Stock Options	08/03/2010	S	1,600	D	\$ 17.75 4,100	D
CNA Surety Stock Options (1)	08/03/2010	S	200	D	\$ 17.77 3,900	D
CNA Surety Stock Options	08/03/2010	S	100	D	\$ 17.82 3,800	D
CNA Surety Stock Options	08/03/2010	S	300	D	\$ 17.8 3,500	D
CNA Surety Stock Options	08/03/2010	S	500	D	\$ 17.79 3,000	D
CNA Surety Stock Options	08/03/2010	S	301	D	\$ 17.83 2,699	D
CNA Surety Stock Options	08/03/2010	S	99	D	\$ 17.84 2,600	D
CNA Surety Stock Options	08/03/2010	S	600	D	\$ 17.831 2,000	D

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

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(9-02)

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

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)	4. Transactic Code (Instr. 8)			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 Stock Options	\$ 13.05	08/03/2010		M		1,000	03/06/2002	03/06/2011	Common Stock	1,000
CNA Surety Stock Options (1)	\$ 13.05	08/03/2010		M		1,000	03/06/2003	03/06/2011	Common Stock	1,000
CNA Surety Stock Options	\$ 13.05	08/03/2010		M		1,000	03/06/2004	03/06/2011	Common Stock	1,000
CNA Surety Stock Options	\$ 13.05	08/03/2010		M		1,000	03/06/2005	03/06/2011	Common Stock	1,000

Reporting Owners

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other

SVP. Credit and Field OP

Reporting Owners 3

POTTLE THOMAS A 624 POTTAWAMIE TRAIL BATAVIA, IL 60510

Signatures

Rosemary Quinn

- POA 08/03/2010

**Signature of Reporting Date
Person

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 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.

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