



FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 029 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # 803565 | | | |  | |
| 1. Entity Name NATIONAL FIRE INSURANCE COMPANY OF HARTFORD | | | | | |
| Principal Place of Business CNA PLAZA CHICAGO, IL 60685 | | Mailing Address CNA PLAZA 9TH FL CHICAGO, IL 60685 | | | |
| 2. Principal Place of Business CNA Center Suite, Apt. #, etc. 333 S. Wabash Ave. (60604) City & State Chicago, IL Zip 60685 | | 3. Mailing Address CNA Center - 28th floor Suite, Apt. #, etc. 333 S. Wabash Ave. (60604) City & State Chicago, IL Zip 60685 | | <p style="text-align: right; font-size: 24px;">50046708</p>  <p>04252005 Chg-P CR2E034 (10/03)</p> | |
| 4. FEI Number 06-0464510 | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | | 7. Name and Address of New Registered Agent 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) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CCEO LILIENTHAL, STEPHEN W CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/CEO/P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD THOMAS, PONTARELLI CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD DEUTSCH, ROBERT V CNA PLAZA CHICAGO, IL 60685 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV/CF0/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. Craig Mense CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TV HEMME, DENNIS R CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEVD KANTOR, JONATHAN D CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV/S/GC/D <input type="checkbox"/> Change <input type="checkbox"/> Addition CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AV GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jerry F. Sliwa CNA Center, 333 S. Wabash Ave. (60604) 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: <u>Jerry F. Sliwa</u> | | Jerry F. Sliwa, Asst. Vice President | | Date: <u>4/29/05</u> 312 822-7191 | |