


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-03-2005 90136 031 ***150.00

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DOCUMENT # 804884					
1. Entity Name AMERICAN CASUALTY COMPANY OF READING PENNSYLVANIA					
Principal Place of Business CNA PLAZA CHICAGO, IL 60685			Mailing Address CNA PLAZA - 9TH FLOOR CHICAGO, IL 60685		
2. Principal Place of Business CNA Center		3. Mailing Address CNA Center - 28th floor			
Suite, Apt. #, etc. 333 S. Wabash Ave. (60604)		Suite, Apt. #, etc. 333 S. Wabash Ave. (60604)			
City & State Chicago, IL		City & State Chicago, IL		4. FEI Number 23-0342560	
Applied For <input type="checkbox"/> \$8.75 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/>			
Zip 60685	Country U.S.A.	Zip 60685	Country U.S.A.	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			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	EVD PONTARELLI, THOMAS 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	EVDC DEUTSCH, ROBERT V CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CFO/D D. Craig Mense CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LILIENTHAL, STEPHEN W CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/P7D 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	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	EVD KANTOR, JONATHAN D CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/S/GC/D 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	AV GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Jerry F. Sliwa CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/21/05</u>		Daytime Phone #: <u>312 822-7191</u>