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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morris
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 805829 (9)

**1. Corporation Name
VALLEY FORGE INSURANCE COMPANY**

**Principal Place of Business Mailing Address
CNA PLAZA CNA PLAZA
CHICAGO IL 60685 CHICAGO IL 60685**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 10/12/1944	3a. Date of Last Report 05/01/1994
4. FEI Number 23-1620527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOLEY, WILLIAM E. 2303 N. SEMORAN BLVD. ORLANDO FL 32807	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable **(NOTE: Registered Agent signature required when reinstating)** _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOOKASZIAN, DENNIS H	1.2 NAME	
STREET ADDRESS	1235 WTEBRIDGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA IL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECHENE, RICHARD E.	2.2 NAME	
STREET ADDRESS	1652 WHITE PINES CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMSON, WILLIAM J.	3.2 NAME	
STREET ADDRESS	912 SVANNAH CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	3.4 CITY-ST-ZIP	
TITLE	VDS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRY, DONALD M	4.2 NAME	
STREET ADDRESS	79 MARK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORN WOODS IL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSTON, RICHARD E.(ASST)	5.2 NAME	
STREET ADDRESS	920 S. MITCHELL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, PETER P. JR.	6.2 NAME	
STREET ADDRESS	1730 QUARTER HORSE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	WHEATON IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel J. Rohan* **DANIEL J. ROHAN** 3/28/95 **(312) 822-5105**

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR DATE (Include Phone #)