

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **805829** (9)
1. Corporation Name
VALLEY FORGE INSURANCE COMPANY



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

3. Date Incorporated or Qualified: **10/12/1944**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **23-1620527**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**FOLEY, WILLIAM E.
2303 N. SEMORAN BLVD.
ORLANDO FL 32807**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> DELETE
NAME	CHOOKASZIAN, DENNIS H
STREET ADDRESS	1235 WITEBRIDGE LANE
CITY-ST-ZIP	WINNETKA IL
TITLE	V <input type="checkbox"/> DELETE
NAME	DECHENE, RICHARD E.
STREET ADDRESS	1652 WHITE PINES CT.
CITY-ST-ZIP	NAPERVILLE IL
TITLE	V <input type="checkbox"/> DELETE
NAME	ADAMSON, WILLIAM J.
STREET ADDRESS	912 SVANNAH CIRCLE
CITY-ST-ZIP	NAPERVILLE IL
TITLE	VDS <input type="checkbox"/> DELETE
NAME	LOWRY, DONALD M
STREET ADDRESS	79 MARK DRIVE
CITY-ST-ZIP	HAWTHORN WOODS IL
TITLE	S <input type="checkbox"/> DELETE
NAME	ROHAN, DANIEL J.
STREET ADDRESS	17017 AMHERST LANE
CITY-ST-ZIP	TINLEY PARK IL
TITLE	V <input type="checkbox"/> DELETE
NAME	CONWAY, PETER P. JR.
STREET ADDRESS	1730 QUARTER HORSE CT
CITY-ST-ZIP	WHEATON ILL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Assistant V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 4/4/96 (312) 822-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)