

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED May 15 1998 8:00am Secretary of State

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

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399

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 607.04(1) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business 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 understand and will accept the responsibilities of Sections 607.04(1) Florida Statutes.

SIGNATURES

12. OFFICERS AND DIRECTORS: CD CHOOKASZIAN, DENNIS H 1100 MICHIGAN AVENUE WILMETTE IL V ADAMSON, WILLIAM J. 912 SVANNAH CIRCLE NAPERVILLE IL VD JOKIEL, PETER E 11N160 LAMONT COURT ELGIN IL AVP ROHAN, DANIEL J. 17017 AMHERST LANE TINLEY PARK IL AVP PIERCE, CATHY J 467 HIAWATHA LANE, #409 WOOD DALE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 11 NAME: pp (President/Director) 12 NAME: Engel, Philip L. 13 STREET ADDRESS: 10 East Schiller Street 14 CITY-STATE-ZIP: Chicago, IL 60610 21 NAME: SVP (Senior Vice President) 22 NAME: Adamson, William J. 23 STREET ADDRESS: 912 Schiller Street 24 CITY-STATE-ZIP: Naperville, IL 60540 31 NAME: SVP (Senior Vice President) 32 NAME: Jokiel, Peter E. 33 STREET ADDRESS: 11N160 Lamont Court 34 CITY-STATE-ZIP: Elgin, IL 60123

14. I hereby certify that the information supplied by the filer is true and correct and that the information is true and correct 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this document as an officer or director of the corporation.

SIGNATURE: Cathy J. Pierce 4-13-98 312-822-4255

CR2E034 (10/97)