

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90065 031 ***150.00

DOCUMENT # 805829

1. Entity Name

VALLEY FORGE INSURANCE COMPANY

Principal Place of Business

Mailing Address

CNA PLAZA
 CHICAGO IL 60685

CNA PLAZA
 CHICAGO IL 60685-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

23-1620527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ENGEL, PHILIP L	TITLE	VD DUBNICKI, CAROL
NAME	333 S WABASH	NAME	1015 JACKSON AVENUE
STREET ADDRESS	CHICAGO IL	STREET ADDRESS	RIVER FOREST, ILLINOIS 60305
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SVPD MACGINNITIE, JAMES W	TITLE	VD DEUTSCH, ROBERT VICTOR
NAME	333 S WABASH	NAME	7 PHEASANT HILL
STREET ADDRESS	CHICAGO IL	STREET ADDRESS	FARMINGTON, CONNECTICUT 06032
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CD HENGESBAUGH, BERNARD L	TITLE	CD HENGESBAUGH, BERNARD LEWIS
NAME	333 S WABASH	NAME	202 THOMPSON DRIVE
STREET ADDRESS	CHICAGO IL	STREET ADDRESS	WHEATON, ILLINOIS 60187
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SVPD KANTOR, JONATHAN D	TITLE	TVD DEMPSEY, PAMELA SYLVESTER
NAME	333 S WABASH	NAME	1805 TRILLIUM LANE
STREET ADDRESS	CHICAGO IL	STREET ADDRESS	RIVERWOODS, ILLINOIS 60015
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TGVP DEMPSEY, PAMELA S	TITLE	SVD KANTOR, JONATHAN DAVID
NAME	333 S WABASH	NAME	193 OLD ARMY ROAD
STREET ADDRESS	CHICAGO IL	STREET ADDRESS	SCARSDALE, NEW YORK
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	AS ALTON, JEFFERY C	TITLE	S ALTON, JEFFERY CHARLES
NAME	333 S WABASH	NAME	127 DAVISON
STREET ADDRESS	CHICAGO IL	STREET ADDRESS	JOLIET, ILLINOIS 60432
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2000

Date

312-822-7901

Daytime Phone #

CR2E034 (9/99)