


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91046 003 \*\*\*150.00

<b>DOCUMENT # 805829</b>			
1. Entity Name <b>VALLEY FORGE INSURANCE COMPANY</b>			
Principal Place of Business <b>CNA PLAZA CHICAGO, IL 60685</b>		Mailing Address <b>CNA PLAZA CHICAGO, IL 60685</b>	
2. Principal Place of Business		3. Mailing Address <b>CNA Plaza - 9th floor</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Chicago, IL</b>	
Zip	Country	Zip	Country
<b>60685</b>		<b>60685</b>	
4. FEI Number <b>23-1620527</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b> 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>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>EVD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, PONTARELLI</b>	NAME	
STREET ADDRESS	<b>CNA PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO, IL 60685</b>	CITY-ST-ZIP	
TITLE	<b>EVCD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEUTSCH, ROBERT V</b>	NAME	
STREET ADDRESS	<b>CNA PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO, IL 60685</b>	CITY-ST-ZIP	
TITLE	<b>CCPD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LILJENTHAL, STEPHEN W</b>	NAME	
STREET ADDRESS	<b>CNA PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO, IL 60685</b>	CITY-ST-ZIP	
TITLE	<b>TV</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMPSEY, PAMELA S</b>	NAME	<b>Dennis R. Herme</b>
STREET ADDRESS	<b>CNA PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO, IL 60685</b>	CITY-ST-ZIP	
TITLE	<b>SVCD</b> <input type="checkbox"/> Delete	TITLE	<b>SGCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANTOR, JONATHAN D</b>	NAME	
STREET ADDRESS	<b>CNA PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO, IL 60685</b>	CITY-ST-ZIP	
TITLE	<b>AV</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROB, ROBERT J</b>	NAME	<b>Jerry F. Sliwa</b>
STREET ADDRESS	<b>CNA PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO, IL 60685</b>	CITY-ST-ZIP	
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>		Jerry F. Sliwa Assistant Vice President	
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/21/04</b>	
		Daytime Phone # <b>312-822-7191</b>	

**66427658**



04162004 Chg-P CR2E034 (10/03)