


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90165 037 ***150.00

DOCUMENT # 805829

1. Entity 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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **23-1620527** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

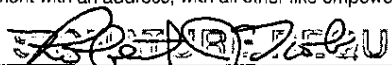
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, PONTARELLI 1326 EVERGREEN CT GLENVIEW IL 60028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEUTSCH, ROBERT V 7 PHEASANT HILL FARMINGTON CT 06032 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HENGESBAUGH, BERNARD L 202 THOMPSON DRIVE WHEATON IL 60187 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD DEMPSEY, PAMELA S 1805 TRILLIUM LANE RIVERWOODS IL 60015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD KANTOR, JONATHAN D 193 OLD ARMY ROAD SCARSDALE NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALTON, JEFFERY C 1200 HICKORY CREEK DR. NEW LENOX IL 60451 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CNA Plaza Chicago, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec V/CFO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CNA Plaza Chicago, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stephen W. Lilienthal CNA Plaza Chicago, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CNA Plaza Chicago, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/Exec V/General Counsel/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CNA Plaza Chicago, IL 60685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert J. Grob CNA Plaza Chicago, IL 60685

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:  **Robert J. Grob** 4/21/03 312-822-5194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)