

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90135 002 ***150.00

DOCUMENT # 801358

1. Entity Name
BOSTON OLD COLONY INSURANCE COMPANY



50046699

Principal Place of Business
**CNA PLAZA
CHICAGO, IL 60685**

Mailing Address
**CNA PLAZA - 9TH FLOOR
CHICAGO, IL 60685**

2. Principal Place of Business

CNA Center
Suite, Apt. #, etc.
333 S. Wabash Ave. (60604)
City & State
Chicago, IL

3. Mailing Address

CNA Center - 28th floor
Suite, Apt. #, etc.
333 S. Wabash Ave. (60604)
City & State
Chicago, IL

04252005 Chg-P CR2E034 (10/03)

4. FEI Number
04-6017710

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> Delete
NAME	LILIENTHAL, STEPHEN W	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	THOMAS, PONTARELLI	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 606085	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete
NAME	DEUTSCH, ROBERT V	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 606085	
TITLE	AV	<input type="checkbox"/> Delete
NAME	GROB, ROBERT J	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	
TITLE	SGCD	<input type="checkbox"/> Delete
NAME	KANTOR, JONATHAN D	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	
TITLE	TV	<input type="checkbox"/> Delete
NAME	HEMME, DENNIS R	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/CEO/P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE	EV/CFD/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Craig Mense	
STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE	AV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry F. Sliwa	
STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE	EV/S/GC/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)	
CITY-ST-ZIP	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: Jerry F. Sliwa Jerry F. Sliwa, Asst. Vice President

4/29/05

312 822-7191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #