## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

	ANNUAL	05-03-2005 90136 031 ***150.00								
1. Entity Nam	AN CASUALTY COMPANY	OF RÈADING		03-03-2003 90130 031 130.00						
Principal Plac	ce of Business	Mailing Address		20040700						
CNA PLAZA CHICAGO, IL 60685		CNA PLAZA - 9TH FLOOI CHICAGO, IL 60685	R	\$0046706						
2. Principal Place of Business CNA Center		3. Mailing Address CNA Center - 28th	n floor							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005 Chg-P CR2E034 (10/03)						
333 S. Wabash Ave. (60604)		333 S. Wabash Ave. (60604)								
City & State Chicago, IL		City & State Chicago, IL		4. FEI Number   Applied For   23-0342560   Not Applicable						
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional						
60685	U.S.A.	60685	U.S.A.	Fee Required						
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent						
P O BOX 6 200 E. GA				Street Address (P.O. Box Number is Not Acceptable)						
IALLAHA	SSEE, FL 32399-0000		-							
			City	FL Zip Code						
the obliga	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE.	Signature, typed or printed name of registered agent of	and title if applicable. (NOTE:	Registered Agent signatu	nature required when reinstating) DATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees						
10,	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PONTARELLI, THOMAS CNA PLAZA CHICAGO, IL 60685	[] Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition  CNA Center, 333 S. Wabash Ave. (60604)  Chicago, IL 60685						
TITLE	EVDC DEUTSCH, ROBERT V	☐ Delete	TITLE NAME	EV/CFO/D ☐ Change ☑ Addition  D. Craig Mense						
STREET ADDRESS CITY-ST-ZIP	CNA PLAZA CHICAGO, IL 60685		STREET ADDRESS CITY-ST-ZIP	Chicago, IL 60685						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LILIENTHAL, STEPHEN W CNA PLAZA CHICAGO, IL 60685	C Deteta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/P/D Change Addition  CNA Center, 333 S. Wabash Ave. (60604)  Chicago; L 60685						
TITLE	TV	☐ Delete	TITLE	Change Addition						
NAME STREET ADDRESS CITY-ST-ZIP	HEMME, DENNIS R CNA PLAZA CHICAGO, IL 60685	<u></u>	NAME STREET ADDRESS CITY-ST-ZIP							
IIILE	EVD	☐ Delete	TITLE	EV/S/GC/D ☐ Change ☐ Addition						
NAME STREET ADDRESS CITY-ST-ZIP	KANTOR, JONATHAN D CNA PLAZA CHICAGO, IL 60685		NAME STREET ADDRESS CITY-ST-ZIP	CHA Center, 333 of Managem Atta. (00004)						
TITLE	AV	☐ Delete	TITLE	Chicago, 11 60685						
NAME STREET ADDRESS CITY-ST-ZIP	GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685		NAME STREET ADDRESS CITY-ST-ZIP	Jerry F. Sliwa						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Rorida 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 fike empowered.

SIGNATURE: 🚤	lome	F Slin	Jerry F. S'Liwa.	Asst.	Vice	President	4/29/05	312 822-7191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							Date	Davime Phone #	