

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90136 032 \*\*\*150.00

**DOCUMENT # 805829**

1. Entity Name  
**VALLEY FORGE INSURANCE COMPANY**



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

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

**50046705**



2. Principal Place of Business  
**CNA Center**

3. Mailing Address  
**CNA Center - 28th floor**

Suite, Apt. #, etc.  
**333 S. Wabash Ave. (60604)**

City & State  
**Chicago, IL**

Zip  
**60685**

Country  
**U.S.A.**

04252005 Chg-P CR2E034 (10/03)

4. FEI Number  
**23-1620527**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
EVD	THOMAS, PONTARELLI	CNA PLAZA	CHICAGO, IL 60685	<input type="checkbox"/>
EVCD	DEUTSCH, ROBERT V	CNA PLAZA	CHICAGO, IL 60685	<input checked="" type="checkbox"/>
CCPD	LILIENTHAL, STEPHEN W	CNA PLAZA	CHICAGO, IL 60685	<input type="checkbox"/>
TV	HEMME, DENNIS R	CNA PLAZA	CHICAGO, IL 60685	<input type="checkbox"/>
SGCD	KANTOR, JONATHAN D	CNA PLAZA	CHICAGO, IL 60685	<input type="checkbox"/>
AV	SLIWA, JERRY F	CNA PLAZA	CHICAGO, IL 60685	<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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 #