

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90135 008 \*\*\*150.00

**50046693**



04252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 807612</b> 1. Entity Name <b>FIREMEN'S INSURANCE COMPANY OF NEWARK, NEW JERSEY</b>					
Principal Place of Business <b>CNA PLAZA CHICAGO, IL 60685</b>			Mailing Address <b>CNA PLAZA 9TH FL CHICAGO, IL 60685</b>		
2. Principal Place of Business <b>CNA Center</b>		3. Mailing Address <b>CNA Center - 28th floor</b>		4. FEI Number <b>22-1721950</b>	
Suite, Apt. #, etc. <b>333 S. Wabash Ave. (60604)</b>		Suite, Apt. #, etc. <b>333 S. Wabash Ave. (60604)</b>			
City & State <b>Chicago, IL</b>		City & State <b>Chicago, IL</b>			
Zip <b>60685</b>		Zip <b>60685</b>			
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		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 Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPD LILIENTHAL, STEPHEN W CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/P/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD PONTARELLI, THOMAS CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD DEUTSCH, ROBERT V CNA PLAZA CHICAGO, IL 60685 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CFD/D D. Craig Menze CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Jerry F. Sliwa CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS KANTOR, JONATHAN D CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/S/GC/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV HEMME, DENNIS CNA PLAZA CHICAGO, IL 60685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input 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.					
<b>SIGNATURE: <u>Jerry F. Sliwa</u> Jerry F. Sliwa, Asst. Vice President 4/29/05 312 822-7191</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #</small>					