## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90136 028 \*\*\*150.00

1. Entity Nam	MENT # 808158 ORTATION INSURANCE CO	OMPANY							
	e of Business	Mailing Address				•			
		CNA PŁAZA-9TH FLOOR CHICAGO, IL 60685				, J	0046	709	
CHICAGO, IL	00003	CHICAGO, IL GODOS							
		T & 11 Pro Address		·					
CNA Cent	Place of Business	3. Mailing Address  CNA Center - 281	th floor				H CUEN BIBLI BUEN	i eiaii eiaii du	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005	Chg-P	CROENS	34 (10/03)		
333 S. Wabash Ave. (60604)		333 S. Wabash Ave. (60604)			————				
City & State Chicago, IL		City & State Chicago, IL		4. FEI Number 36-1877.	247		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country					\$8.75 Add	
60685	U.S.A.	60685	U.S.A.		5. Certificate of	f Status Desired		ee Require	
	6. Name and Address of Current I				7. Name and A	ddress of New F	Registered A	gent	
CHIEF FIN	IANCIAL OFFICED		Na	ım <del>o</del>					
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200)				eet Address (	P.O. Box Number	is Not Acceptable	e)		
200 E. GAINES ST				<del></del>	<del></del>	<del></del>		·	
TALLAHAS	SSEE, FL 32399-0000			<u> </u>					
			Cit	У			FL	Zip Cod	le
	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent a			t signature required		, ar a b court or r a	DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financino	\$5.	00 May Be			_	
After Ma	ay 1, 2005 Fee will be \$550.0			☐ Add	ed to Fees				
After Ma		Trust Fund Contri		LJ Add	ed to Fees ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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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. Jame F Slive Jerry F. Stive. Asst. Vice President	4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone 1