

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 10, 2004 8:00 am
Secretary of State

05-03-2004 91029 011 ***150.00

DOCUMENT # 809046			
1. Entity Name KANSAS CITY FIRE AND MARINE INSURANCE COMPANY			
Principal Place of Business CNA PLAZA CHICAGO, IL 60685		Mailing Address CNA PLAZA STATUTORY REPORTING CHICAGO, IL 60685	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 44-0307890		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____ (NOTE: Registered Agent signature required when releasing) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	CEOD LILIENTHAL, STEPHEN CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD THOMAS, PONTARELLI CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDC DEUTSCH, ROBERT V CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Jerry F. Sliwa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGCD KANTOR, JOHNATHAN D CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV DEMPSEY, PAMELA S CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Dennis Hemme
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: <u>Jerry F. Sliwa</u>		Jerry F. Sliwa Assistant Vice President Date: 4/21/04 Daytime Phone: 312-822-7191	

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