

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

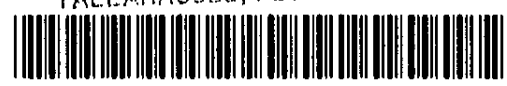
pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 811918 (2)
1. Corporation Name VALLEY FORGE LIFE INSURANCE COMPANY

Principal Place of Business CNA PLAZA CHICAGO IL 60685	Mailing Address CNA PLAZA CHICAGO IL 60685
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FILED
97 AUG 18 AM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/13/1957	3a. Date of Last Report 04/17/1996
		4. FEI Number 23-6200031	Applied For Not Applicable
		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHOOKASZIAN, DENNIS H 1235 WHITEBRIDGE LANE WINNETKA IL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD Chookaszian, Dennis H. 1100 Michigan Avenue Wilmette, IL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROHAN, DANIEL J. 17017 AMHERST LANE TINLEY PARK IL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	AV (Asst. Vice President) Rohan, Daniel J. 17017 Amherst Lane Tinley Park, IL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DECHENE, RICHARD E. 1852 WHITE PINES CT. NAPERVILLE IL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	AV (Asst. Vice President) Pierce, Cathy J. 467 East Hiawatha, #409 Wood Dale, IL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOWRY, DONAL M 79 MARK DRIVE HAWTHORN WOODS IL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD Jokiel, Peter E. 11N160 Lamont Court Elgin, IL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYLE, CAROLYN ANNE 425 KIMBERLY ROAD N BARRINGTON IL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	700002265327 -08/14/97-01053-012 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, PHILIP L 10 EAST SCHILLER STREET CHICAGO IL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ Asst. Vice President 08-06-97 212-822-1255

CR2E034 (4/97)

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CNA INSURANCE COMPANIES

CNA Plaza Chicago IL 60685-0001

Mila H. Cruz, Manager
Financial Accounting-21S
Statutory Reporting

August 6, 1997

Telephone 312-822-4650
Facsimile 312-822-2893

Florida Department of State
Annual Reports Department
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 1997 Annual Report and Filing Fee

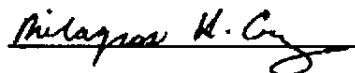
Dear Sir/Madam:

Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Casualty Company and its following subsidiaries:

➤ Continental Casualty Company	\$165.00
➤ Transportation Insurance Company	165.00
➤ National Fire Insurance Company of Hartford	165.00
➤ Transcontinental Insurance Company	165.00
➤ American Casualty Company of Reading, PA	165.00
➤ Valley Forge Insurance Company	165.00
➤ Continental Assurance Company	165.00
➤ Valley Forge Life Insurance Company	165.00
TOTAL	\$1,320.00

If you have any questions or concerns, please do not hesitate to call me.

Sincerely,



Milagros H. Cruz



NOTE: We did not receive the original invoices.
Per Carol Anderson of the Florida
Insurance Department, we only need to
pay \$165.00 for each company.