

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811918 (2)
1. Corporation Name
VALLEY FORGE LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
CNA PLAZA CNA PLAZA
CHICAGO IL 60685 CHICAGO IL 60685

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 05/13/1957	
4. FEI Number 23-6200031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DD	1.1 TITLE	PD (President/Director)
NAME	CHOOKASZIAN, DENNIS H	1.2 NAME	Engel, Philip, L.
STREET ADDRESS	1100 MICHIGAN AVENUE	1.3 STREET ADDRESS	10 East Schiller Street
CITY-ST-ZIP	WILMETTE IL	1.4 CITY-ST-ZIP	Chicago, IL 60610
TITLE	AVP	2.1 TITLE	SVP (Senior Vice President)
NAME	ROHAN, DANIEL J.	2.2 NAME	Jokiel, Peter E.
STREET ADDRESS	17017 AMHERST LANE	2.3 STREET ADDRESS	11N160 Lamont Court
CITY-ST-ZIP	TINLEY PARK IL	2.4 CITY-ST-ZIP	Elgin, IL 60123
TITLE	AVP	3.1 TITLE	
NAME	PIERCE, CATHY J	3.2 NAME	
STREET ADDRESS	487 EAST HIAWATHA, #409	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOOD DALE IL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	JOKIEL, PETER E	4.2 NAME	
STREET ADDRESS	11N160 LAMONT COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELGIN IL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)