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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90059 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811918

1. Corporation Name

VALLEY FORGE LIFE INSURANCE COMPANY

Principal Place of Business

**CNA PLAZA
CHICAGO IL 60685**

Mailing Address

**CNA PLAZA
CHICAGO IL 60685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1957

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☒ DELETE

NAME **CD
CHOOKASZIAN, DENNIS H**
STREET ADDRESS **1100 MICHIGAN AVENUE**
CITY-ST-ZIP **WILMETTE IL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

C/D

Hengesbaugh, Bernard L
333 S. Wabash
Chicago, IL 60685

☐ Change

☒ Addition

TITLE ☒ DELETE

NAME **AVP
ROHAN, DANIEL J.**
STREET ADDRESS **17017 AMHERST LANE**
CITY-ST-ZIP **TINLEY PARK IL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

AS

Alton, Jeffery C
333 S. Wabash
Chicago, IL 60685

☐ Change

☒ Addition

TITLE ☒ DELETE

NAME **AVP
PIERCE, CATHY J**
STREET ADDRESS **467 EAST HIAWATHA, #409**
CITY-ST-ZIP **WOOD DALE IL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

T/GVP (Group Vice President)

Dempsey, Pamela S
333 S. Wabash
Chicago, IL 60685

☐ Change

☒ Addition

TITLE ☒ DELETE

NAME **SVP
JOKIEL, PETER E**
STREET ADDRESS **11N160 LAMONT COURT**
CITY-ST-ZIP **ELGIN IL 60123**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SVP/D

MacGinnitie, W James
333 S. Wabash
Chicago, IL 60685

☐ Change

☒ Addition

TITLE ☒ DELETE

NAME **PD
ENGEL, PHILIP L**
STREET ADDRESS **10 EAST SCHILLER STREET**
CITY-ST-ZIP **CHICAGO IL 60610**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

P/D

Engel, Philip L
333 S. Wabash
Chicago, IL 60685

☒ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S/SVP/D

Kantor, Jonathan D
333 S. Wabash
Chicago, IL 60685

☐ Change

☒ Addition

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, with all other like empowered.

SIGNATURE:

Jeffery C. Alton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-99

Date

312-822-7901

Daytime Phone #

CR2E034 (1/98)