


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91045 016 \*\*\*150.00

<b>DOCUMENT # 811918</b> 1. Entity Name <b>VALLEY FORGE LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>CNA PLAZA CHICAGO, IL 60685</b>			Mailing Address <b>CNA PLAZA CHICAGO, IL 60685</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>CNA Plaza - 9th floor</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Chicago, IL 60685</b>		4. FEI Number <b>23-6200031</b>	
Zip <b>60685</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <b>LILIENTHAL, STEPHEN W 33 KETTERING COURT NORTH BARRINGTON, IL 60010</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CNA Plaza Chicago, IL 60685</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP <b>HARRING, DEAN CNA PLAZA CHICAGO, IL 60685</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVD <b>DEMPSEY, PAMELA S 1805 TRILLIUM LANE RIVERWOODS, IL 60015</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP/Treasurer Dennis R. Hemme CNA Plaza Chicago, IL 60685</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP <b>HARDEN, CHRISTOPHER CNA PLAZA 365 CHICAGO, IL 60685</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jerry F. Sliwa CNA Plaza</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>DEUTSCH, ROBERT V 7 PHEASANT HILL FARMINGTON, CT 06032</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EVPD CNA Plaza Chicago, IL 60685</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD <b>KANTOR, JONATHAN V 193 OLD ARMY ROAD SCARSDALE, NY</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EVPD CNA Plaza Chicago, IL 60685</b>		
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.					
<b>SIGNATURE:</b> <u>Jerry F. Sliwa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Jerry F. Sliwa</b> Assistant Vice President		4/21/04 312-822-7191 <small>Date Daytime Phone #</small>	