

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90135 003 \*\*\*150.00

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<b>DOCUMENT # 820377</b> 1. Entity Name <b>THE BUCKEYE UNION INSURANCE COMPANY</b>					
Principal Place of Business <b>CNA PLAZA CHICAGO, IL 60685</b>			Mailing Address <b>CNA PLAZA-9TH FLOOR CHICAGO, IL 60685</b>		
2. Principal Place of Business <b>CNA Center</b>		3. Mailing Address <b>CNA Center - 28th floor</b>			
Suite, Apt. #, etc. <b>333 S. Wabash Ave. (60604)</b>		Suite, Apt. #, etc. <b>333 S. Wabash Ave. (60604)</b>			
City & State <b>Chicago, IL</b>		City & State <b>Chicago, IL</b>			
Zip <b>60685</b>		Country <b>U.S.A.</b>		4. FEI Number <b>31-0708754</b>	
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 <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	CCEO LILIENTHAL, STEPHEN W CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/P/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD THOMAS, PONTARELLI CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Jerry F. Sliwa CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD KANTOR, JONATHAN D CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/S/GC/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD DEUTSCH, ROBERT V CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CF/D D. Craig Mense CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV HEMME, DENNIS R CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
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, Asst. Vice President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/29/05</u>		
<small>Signature and Typed or Printed Name of Signing Officer or Director</small>			Date <u>4/29/05</u>		