

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820377

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: THE BUCKEYE UNION INSURANCE COMPANY

## Current Principal Place of Business:

CNA CENTER - 28TH FLOOR  
333 S WABASH AVE (60604)  
CHICAGO, IL 60685

## New Principal Place of Business:

CNA CENTER  
333 S WABASH AVE  
CHICAGO, IL 60685

## Current Mailing Address:

CNA CENTER - 28TH FLOOR  
333 S WABASH AVE (60604)  
CHICAGO, IL 60685

## New Mailing Address:

CNA CENTER - 28TH FLOOR  
333 S WABASH AVE  
CHICAGO, IL 60685

FEI Number: 31-0708754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete  
Name: LILIENTHAL, STEPHEN W  
Address: CNA CENTER, 333 S WABASH AVE (60604)  
City-St-Zip: CHICAGO, IL 60685

Title: EVD ( ) Delete  
Name: THOMAS, PONTARELLI  
Address: CNA CENTER, 333 S WABASH AVE (60604)  
City-St-Zip: CHICAGO, IL 60685

Title: AV ( ) Delete  
Name: SLIWA, JERRY F  
Address: CNA CENTER, 333 S WABASH AVE (60604)  
City-St-Zip: CHICAGO, IL 60685

Title: EVSD ( ) Delete  
Name: KANTOR, JONATHAN D  
Address: CNA CENTER, 333 S WABASH AVE (60604)  
City-St-Zip: CHICAGO, IL 60685

Title: VCFO ( ) Delete  
Name: MENSE, D. CRAIG  
Address: CNA CENTER, 333 S WABASH AVE (60604)  
City-St-Zip: CHICAGO, IL 60685

Title: TV ( ) Delete  
Name: HEMME, DENNIS R  
Address: CNA CENTER, 333 S WABASH AVE (60604)  
City-St-Zip: CHICAGO, IL 60685

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition  
Name: LILIENTHAL, STEPHEN W  
Address: CNA CENTER, 333 S WABASH AVE  
City-St-Zip: CHICAGO, IL 60685

Title: EVD (X) Change ( ) Addition  
Name: THOMAS, PONTARELLI  
Address: CNA CENTER, 333 S WABASH AVE  
City-St-Zip: CHICAGO, IL 60685

Title: AVP (X) Change ( ) Addition  
Name: SLIWA, JERRY F  
Address: CNA CENTER, 333 S WABASH AVE  
City-St-Zip: CHICAGO, IL 60685

Title: EVSD (X) Change ( ) Addition  
Name: KANTOR, JONATHAN D  
Address: CNA CENTER, 333 S WABASH AVE  
City-St-Zip: CHICAGO, IL 60685

Title: CFOD (X) Change ( ) Addition  
Name: MENSE, CRAIG D  
Address: CNA CENTER, 333 S WABASH AVE  
City-St-Zip: CHICAGO, IL 60685

Title: VT (X) Change ( ) Addition  
Name: HEMME, DENNIS R  
Address: CNA CENTER, 333 S WABASH AVE  
City-St-Zip: CHICAGO, IL 60685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY F. SLIWA

AVP

04/11/2006

Electronic Signature of Signing Officer or Director

Date