2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90135 009 ***150.00

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04252005 Chg-P CR2E034 (10/03)

DOCUMENT # 839751

1. Entity Name
THE GLENS FALLS INSURANCE COMPANY

Principal Place of Business	Mailing Address
CNA PLAZA CHICAGO, IL 60685	CNA PLAZA - 9TH FLOOR CHICAGO, IL 60685

2. Principal Place of Business	3. Mailing Address
CNA Center	CNA Center - 28th floor
Suite, Apt. #, etc. 333 S. Wabash Ave. (60604)	Suite, Apt. #, etc. 333 S. Wabash Ave. (60604)
City & State Chicago, IL	City & State Chicago, IL
Zip: 60685 / Country: U.S.A.	Zip: 60685 / Country: U.S.A.

4. FEI Number: 13-2666900 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO ☐ Delete	TITLE	C/CEO/P/D ☐ Change ☐ Addition
NAME	LILIENTHAL, STEPHEN W	NAME	
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)
CITY-ST-ZIP	CHICAGO, IL 60685	CITY-ST-ZIP	Chicago, IL 60685
TITLE	EVD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, PONTARELLI	NAME	
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)
CITY-ST-ZIP	CHICAGO, IL 60685	CITY-ST-ZIP	Chicago, IL 60685
TITLE	DCFO ☒ Delete	TITLE	EV/CFO/D ☒ Change ☒ Addition
NAME	DEUTSCH, ROBERT VICTOR	NAME	D. Craig Mense
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)
CITY-ST-ZIP	CHICAGO, IL 60685	CITY-ST-ZIP	Chicago, IL 60685
TITLE	AV ☐ Delete	TITLE	AV ☐ Change ☒ Addition
NAME	GROB, ROBERT J	NAME	Jerry F. Sliwa
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)
CITY-ST-ZIP	CHICAGO, IL 60685	CITY-ST-ZIP	Chicago, IL 60685
TITLE	EVSD ☐ Delete	TITLE	EV/S/GC/D ☐ Change ☐ Addition
NAME	KANTOR, JONATHAN	NAME	
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)
CITY-ST-ZIP	CHICAGO, IL 60685	CITY-ST-ZIP	Chicago, IL 60685
TITLE	TV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HEMME, DENNIS	NAME	
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)
CITY-ST-ZIP	CHICAGO, IL 60685	CITY-ST-ZIP	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: Jerry F. Sliwa — Jerry F. Sliwa, Asst. Vice President — 4/29/05 — 312 822-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #