


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90135 007 \*\*\*150.00

<b>DOCUMENT # 839755</b> 1. Entity Name <b>FIDELITY AND CASUALTY COMPANY OF NEW YORK</b>					
Principal Place of Business <b>CNA PLAZA CHICAGO, IL 60685</b>			Mailing Address <b>CNA PLAZA 9TH FL CHICAGO, IL 60685</b>		
2. Principal Place of Business <b>CNA Center</b> Suite, Apt. #, etc. <b>333 S. Wabash Ave. (60604)</b> City & State <b>Chicago, IL</b>		3. Mailing Address <b>CNA Center - 28th floor</b> Suite, Apt. #, etc. <b>333 S. Wabash Ave. (60604)</b> City & State <b>Chicago, IL</b>			
Zip <b>60685</b>	Country <b>U.S.A.</b>	Zip <b>60685</b>	Country <b>U.S.A.</b>	4. FEI Number <b>13-5069150</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
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="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	CPD LILIENTHAL, STEPHEN W <input type="checkbox"/> Delete CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD THOMAS, PONTARELLI <input type="checkbox"/> Delete CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD <input checked="" type="checkbox"/> Delete DEUTSCH, ROBERT V CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CF0/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. Craig Mense CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV <input type="checkbox"/> Delete GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jerry F. Sliwa CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete KANTOR, JONATHAN D CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/S/GC/D <input type="checkbox"/> Change <input type="checkbox"/> Addition CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV <input type="checkbox"/> Delete HEMME, DENNIS CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <span style="float: right;">4/29/05 312 822-7191</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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