

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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May 03, 2005 8:00 am
Secretary of State

05-03-2005 90140 047 ***150.00

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04252005 Chg-P CR2E034 (10/03)

DOCUMENT # 839756 1. Entity Name NIAGARA FIRE INSURANCE COMPANY					
Principal Place of Business CNA PLAZA CHICAGO, IL 60685			Mailing Address CNA PLAZA - 9TH FLOOR CHICAGO, IL 60685		
2. Principal Place of Business CNA Center Suite, Apt. #, etc. 333 S. Wabash Ave. (60604) City & State Chicago, IL Zip 60685		3. Mailing Address CNA Center - 28th floor Suite, Apt. #, etc. 333 S. Wabash Ave. (60604) City & State Chicago, IL Zip 60685		4. FEI Number 13-5277930 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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;"> FL 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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LILIENTHAL, STEHEN 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	<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 DEUTSCH, ROBERT V <input checked="" type="checkbox"/> Delete CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CFD/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 GROB, ROBERT J <input type="checkbox"/> Delete CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jerry F. Sliwa CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGCD KANTOR, JONATHAN D <input type="checkbox"/> Delete CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition EV/S/GC/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV HEMME, DENNIS <input type="checkbox"/> Delete CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jerry F. Sliwa, Asst. Vice President <small>Date</small>		4/29/05 <small>Daytime Phone #</small>

312 822-7191