2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90136 033 ***150.00

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1. Entity Name
ENCOMPASS INSURANCE COMPANY OF AMERICA

50046704

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

04252005 Chg-P CR2E034 (10/03)

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: 36-3976911 ☐ 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 PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD DEUTSCH, ROBERT V CNA PLAZA CHICAGO, IL 60685	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV/CFO/D D. Craig Mense CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD LILIENTHAL, STEPHEN W CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/CEO/P/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPS KANTOR, JONATHAN D CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV/SGC/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT HEMME, DENNIS R CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVD PONTARELLI, THOMAS CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV Jerry F. Sliwa CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☐ Change ☒ 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: 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 #