2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003929

Entity Name: ENCOMPASS INSURANCE COMPANY OF AMERICA

FILED Apr 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: CNA CENTER 2775 SANDERS ROAD 333 S. WAHASH AVE (60604) NORTHBROOK, IL 60062 CHICAGO, IL 60685 **New Mailing Address: Current Mailing Address:** CNA CENTER - 28TH FLOOR 3075 SANDERS ROAD, H1A 333 S. WAHASH AVE (60604) NORTHBROOK, IL 60062 CHICAGO, IL 60685 FEI Number: 36-3976911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **FVCF** () Delete Title: (X) Change () Addition Name: MENSE, D. CRAIG Name: HALE, DANNY L CNA CENTER, 333 S. WABASH AVE 2775 SANDERS ROAD, F8 Address: Address: City-St-Zip: CHICAGO, IL 60685 City-St-Zip: NORTHBROOK, IL 60062 Title: Title: () Delete SEC (X) Change () Addition LILIENTHAL, STEPHEN W NADIG, DAVID G Name: Name: CNA CENTER, 333 S. WABASH AVE (60604) 2775 SANDERS ROAD, SUITE A5 Address: Address: CHICAGO, IL 60685 NORTHBROOK, IL 60062 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition FVSG Title: TR KANTOR, JONATHAN D VERNEY, STEVEN C Name: Name: CNA CENTER, 333 S. WABASH AVE (60604) 3075 SANDERS ROAD, H1A Address: Address: CHICAGO, IL 60685 City-St-Zip: NORTHBROOK, IL 60062 City-St-Zip: Title: () Delete Title: DIR (X) Change () Addition HEMME, DENNIS R LAMONICA, MICHAEL A Name: Name: Address: CNA CENTER, 333 S. WABASH AVE (60604) Address: 2775 SANDERS ROAD, D6 City-St-Zip: CHICAGO, IL 60685 City-St-Zip: NORTHBROOK, IL 60062 Title: EVD Title: (X) Change () Addition () Delete PONTARELLI, THOMAS Name: MICHELI, JOHN W Name: CNA CENTER, 333 S. WABASH AVE (60604) 51 W. HIGGINS ROAD, S2A Address: Address: City-St-Zip: CHICAGO, IL 60685 City-St-Zip: S. BARRINGTON, IL 60010 Title: () Delete Title: (X) Change () Addition Name: SLIWA, JERRY F Name: YOUNG, CYNTHIA H CNA CENTER, 333 S. WABASH AVE (60604) Address: Address: 51 W. HIGGINS ROAD, S2A City-St-Zip: CHICAGO, IL 60685 City-St-Zip: S. BARRINGTON, IL 60010

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: LYNN CIRRINCIONE AR 04/10/2006