

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000002486**

1. Corporation Name

GALWAY INSURANCE COMPANY

Principal Place of Business

**818 WEST 7TH STREET
LOS ANGELES CA 90017**

Mailing Address

**818 WEST 7TH STREET
LOS ANGELES CA 90017**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90059 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number

36-3976214

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	CHOOKASZIAN, DENNIS H	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	ENGEL, PHILIP L	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENGESBAUGH, BERNARD L	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACGINNITIE, WALTER J	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	QUEHL, RICHARD W	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BETTERMAN, SHARON	
STREET ADDRESS	10 UNIVERSAL CITY PLAZA, SUITE 2800	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dempsey, Pamela S	
1.3 STREET ADDRESS	333 S. Wabash	
1.4 CITY-ST-ZIP	Chicago, IL 60685	
2.1 TITLE	D/EVP (Executive Vice Pres)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Engel, Philip L	
2.3 STREET ADDRESS	333 S. Wabash	
2.4 CITY-ST-ZIP	Chicago, IL 60685	
3.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hengesbaugh, Bernard L	
3.3 STREET ADDRESS	333S. Wabash	
3.4 CITY-ST-ZIP	Chicago, IL 60685	
4.1 TITLE	SVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MacGinnitie, W James	
4.3 STREET ADDRESS	333 S. Wabash	
4.4 CITY-ST-ZIP	Chicago, IL 60685	
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Quehl, Richard W	
5.3 STREET ADDRESS	333 S. Wabash	
5.4 CITY-ST-ZIP	Chicago, IL 60685	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Alton, Jeffery C	
6.3 STREET ADDRESS	333 S. Wabash	
6.4 CITY-ST-ZIP	Chicago, IL 60685	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery C. Alton

04-23-99

Date

312-822-7901

Daytime Phone #

CR2E034 (11/98)