

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002486

1. Entity Name

GALWAY INSURANCE COMPANY

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90355 013 ***150.00

Principal Place of Business

818 WEST 7TH STREET
LOS ANGELES CA 90017

Mailing Address

CNA PLAZA - 09S
CHICAGO IL 60685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3976214

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

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	T	DEMPSEY, PAMELA S	333 S WABASH CHICAGO IL	
	SVPD	KANTOR, JONATHAN D	333 S WABASH CHICAGO IL 60685	
	CD	HENGESBAUGH, BERNARD L	333 S WABASH CHICAGO IL 60685	
	SVPD	DEUTSCH, ROBERT VICTOR	333 S WABASH CHICAGO IL 60685	
	PD	QUEHL, RICHARD W	333 S WABASH CHICAGO IL 60685	
	VP	CILLO, SHEELY	333 S WABASH CHICAGO IL 60685	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	MCGAVICK, MICHAEL S	642 WASHINGTON AVENUE GLENCOE, IL 60022	<input checked="" type="checkbox"/>	

13. 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 11 or Block 12 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

4/26/2001

Date

312-822-7901

Daytime Phone #

CR2E034 (10/00)