

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90333 023 \*\*\*550.00

**DOCUMENT # F98000002486**

1. Entity Name  
**GALWAY INSURANCE COMPANY**

(P)

Principal Place of Business  
**818 WEST 7TH STREET**  
**LOS ANGELES CA 90017**

Mailing Address  
**CNA PLAZA - 09S**  
**CHICAGO IL 60685**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3976214**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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. 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)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>T</b> <b>DEMPEY, PAMELA S</b> <b>333 S WABASH</b> <b>CHICAGO IL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD</b> <b>KANTOR, JONATHAN D</b> <b>333 S WABASH</b> <b>CHICAGO IL 60685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HENGESBAUGH, BERNARD L</b> <b>333 S WABASH</b> <b>CHICAGO IL 60685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hengesbaugh, Bernard L.</b> <b>333 S Wabash</b> <b>Chicago, IL 60685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD</b> <b>DEUTSCH, ROBERT VICTOR</b> <b>333 S WABASH</b> <b>CHICAGO IL 60685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCGAVICK, MICHAEL S</b> <b>642 WASHINGTON AVENUE</b> <b>GLENCOE IL 60022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Lawrence J. Boysen</b> <b>333 S Wabash</b> <b>Chicago, IL 60685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CILLO, SHEELY</b> <b>333 S WABASH</b> <b>CHICAGO IL 60685</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jeffery C. Alton</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Asst Vice President &amp; Asst Secretary</b> <b>333 S Wabash</b> <b>Chicago, IL 60685</b>

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: **JEFFERY C. ALTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2002

312-822-7901

Date

Daytime Phone #

CRE034 (4/02)



GNA Plaza Chicago IL 60685-0001

*Attestments  
#798 00002486*

**Neifia O. Dority**

Accounting Supervisor  
Corporate Financial Services  
State Specific Statutory  
Reporting - 09S

Telephone 312-822-4314  
Facsimile 312-817-0040  
email neifia.dority@cna.com

July 18, 2002

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Uniform Business Report**

Enclosed, please find a check in the amount of **\$550.00** regarding the uniform business report for the company, Galway Insurance Company.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Neifia O. Dority