


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91045 014 \*\*\*150.00

<b>DOCUMENT # F98000002486</b> 1. Entity Name <b>GALWAY INSURANCE COMPANY</b>					
Principal Place of Business <b>818 WEST 7TH STREET LOS ANGELES, CA 90017</b>			Mailing Address <b>CNA PLAZA - 09S CHICAGO, IL 60685</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>CNA Plaza - 9th floor</b> Suite, Apt. #, etc.			
City & State		City & State <b>Chicago, IL</b>		4. FEI Number <b>36-3976214</b>	
Zip <b>60685</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER THE CAPITOL BULIDING TALLAHASSEE, FL 32399-0300</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV <b>DEMPSEY, PAMELA S</b> <b>CNA PLAZA</b> <b>CHICAGO, IL 60685</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dennis R. Hemme</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD <b>KANTOR, JONATHAN D</b> <b>CNA PLAZA</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	CPD <b>LILIENTHAL, STEPHEN W</b> <b>CNA PLAZA</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	EVD <b>DEUTSCH, ROBERT VICTOR</b> <b>CNA PLAZA</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	V <b>CASEY, WILLIAM P</b> <b>CNA PLAZA</b> <b>CHICAGO, IL 60685</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AV Jerry F. Sliwa</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV <b>GROB, ROBERT J</b> <b>CNA PLAZA</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	
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.					
<b>SIGNATURE:</b> <u>Jerry F. Sliwa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Jerry F. Sliwa</b> Assistant Vice President		
Date			4/21/04		
Daytime Phone #			312-822-7191		