


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 001 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000002486 1. Entity Name GALWAY INSURANCE COMPANY					
Principal Place of Business 818 WEST 7TH STREET LOS ANGELES, CA 90017			Mailing Address CNA PLAZA - 9TH FLOOR CHICAGO, IL 60685		
2. Principal Place of Business 818 West 7th Street			3. Mailing Address CNA Center - 28th floor		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 333 S. Wabash Ave. (60604)		
City & State Los Angeles, CA			City & State Chicago, IL		
Zip 90017		Country U.S.A.		Zip 60685	
Country U.S.A.		4. FEI Number 36-3976214			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
8. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER THE CAPITOL BUILDING TALLAHASSEE, FL 32399-0300			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV HEMME, DENNIS R CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD KANTOR, JONATHAN D CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/S/GC/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LILIENTHAL, STEPHEN W CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60605) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD DEUTSCH, ROBERT VICTOR CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CF0/D D. Craig Mense CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60686	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV SLIWA, JERRY F CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	
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.					
SIGNATURE: <u>Jerry F. Sliwa</u>			Jerry F. Sliwa, Asst. Vice President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/29/05</u>		
			312 822-7191		