

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90165 040 \*\*\*150.00

**DOCUMENT # F98000002486**

**1. Entity Name**  
**GALWAY INSURANCE COMPANY**



**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**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**The Capitol Building**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**T** ☐ Delete  
**NAME** **DEMPSEY, PAMELA S**  
**STREET ADDRESS** **333 S WABASH**  
**CITY-ST-ZIP** **CHICAGO IL**

**T/V** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **CNA Plaza**  
**CITY-ST-ZIP** **Chicago, IL 60685**

**SVPD** ☐ Delete  
**NAME** **KANTOR, JONATHAN D**  
**STREET ADDRESS** **333 S WABASH**  
**CITY-ST-ZIP** **CHICAGO IL 60685**

**S/EV/General Counsel/D** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **CNA Plaza**  
**CITY-ST-ZIP** **Chicago, IL 60685**

**P** ☐ Delete  
**NAME** **HENGESBAUGH, BERNARD L**  
**STREET ADDRESS** **333 S WABASH**  
**CITY-ST-ZIP** **CHICAGO IL 60685**

**C/P/D** ☒ Change ☐ Addition  
**NAME** **Stephen W. Lilienthal**  
**STREET ADDRESS** **CNA Plaza**  
**CITY-ST-ZIP** **Chicago, IL 60685**

**SVPD** ☐ Delete  
**NAME** **DEUTSCH, ROBERT VICTOR**  
**STREET ADDRESS** **333 S WABASH**  
**CITY-ST-ZIP** **CHICAGO IL 60685**

**EV/CFO/D** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **CNA Plaza**  
**CITY-ST-ZIP**

**VP** ☐ Delete  
**NAME** **BOYSEN, LAWRENCE J**  
**STREET ADDRESS** **333 S WABASH**  
**CITY-ST-ZIP** **CHICAGO IL 60685**

**V** ☒ Change ☐ Addition  
**NAME** **William P. Casey**  
**STREET ADDRESS** **CNA Plaza**  
**CITY-ST-ZIP**

**AVAS** ☐ Delete  
**NAME** **ALTON, JEFFERY C**  
**STREET ADDRESS** **333 S WABASH**  
**CITY-ST-ZIP** **CHICAGO IL 60685**

**Assistant V** ☒ Change ☐ Addition  
**NAME** **Robert J. Grob**  
**STREET ADDRESS** **CNA Plaza**  
**CITY-ST-ZIP** **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:** **Robert J. Grob**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03**

Date

**312-822-5194**

Daytime Phone #

CR2E034 (10/02)