2003 FOR PROFIT CORPORATION

FILED Sep 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01957 DOCUMENT # 09-02-2003 90194 019 ***550 00 1. Entity Name CNA GROUP LIFE ASSURANCE COMPANY Principal Place of Business Mailing Address CNA PLAZA CNA PLAZA CHICAGO IL 60685 CHICAGO IL 60685 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 73-6095123 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CHIEF FINANCIAL OFFICER** Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Delete TITLE ☐ Addition TITLE HENGESBAUGH, BERNARD L NAME NAME

CNA PLAZA STREET ADDRESS STREET ADDRESS CHICAGO IL 60685 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TiTi F PATIN, ROBERT W NAME NAME CNA PLAZA STREET ADDRESS STREET ADDRESS CHICAGO IL 60685 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Addition LILIENTHAL, STEPHEN W NAME NAME CNA PLAZA STREET ADDRESS STREET ADDRESS CHICAGO IL 60685 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Management JAMES, ROBERT V NAME NAME STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60685 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PONTARELLI, THOMAS NAME NAME STREET ADDRESS CNA PLAZA STREET ADDRESS CHICAGO IL 60685 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete FOLEY, KAREN G NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

CNA PLAZA

CHICAGO IL 60685

CR2E034 (4/03)

Attachment

8014B082 #P01957



CNA Plaza Chicago IL 60685-0001

Yvonne Y. Broomfield

Senior Accountant Life Financial Reporting

Telephone 312-822-4407 Facsimile 312-817-3318

Internet Yvonne.Broomfield@CNA.com

August 28, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report

To Whom It May Concern:

On behalf of CNA Insurance Company, please find enclosed the Uniform Business Report and payment for the companies denoted below.

- > Continental Assurance Company NAIC #62413
- Valley Forge Life Insurance Company NAIC #70211
- > CNA Group Life Assurance Company NAIC #74268

Please let me know if you have any additional questions or concerns. Thanks in advance for your cooperation.

Sincerely,

Yvonne Y. Broomfield