

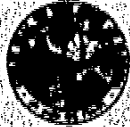
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 803565 (1)
1. Corporation Name
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

Principal Place of Business
**CNA PLAZA
CHICAGO IL 60685**

Mailing Address
**CNA PLAZA
CHICAGO IL 60685**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **09/13/1929** 3a. Date of Last Report **05/01/1994**

4. FBI Number **06-0464510** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Zip Country

9. Name and Address of Current Registered Agent
**FOLEY, WILLIAM E
2303 N SEMORAN BLVD
ORLANDO FL 32807**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, PHILIP L 10 EAST SCHILLER STREET CHICAGO IL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHOOKASZIAN, DENNIS H 1235 WHITEBRIDGE LANE WINNETKA IL 60047	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSTON, RICHARD E. (ASST) 920 S. MITCHELL ARLINGTON HEIGHTS IL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S ROHAN, DANIEL J. (ASST.) 17017 AMHERST LANE TINLEY PARK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LOWRY, DONALD M. 79 MARK DRIVE HAWTHORN WOODS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DECHENE, RICHARD E. 1852 WHITE PINES CT. NAPERVILLE IL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONWAY, PETER P. JR. 1730 QUARTERHORSE CT. WHEATON IL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Daniel J. Rohan* **DANIEL J. ROHAN** 3/28/95 (312) 822-5105
Signature and Type of Printing Name of Signing Officer or Director Date (Daytime Phone #)