

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business <b>CNA PLAZA CHICAGO IL 60685</b>	Mailing Address <b>CNA PLAZA CHICAGO IL 60685</b>
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3. Date Incorporated or Qualified <b>09/13/1929</b>	3a. Date of Last Report <b>04/19/1995</b>
4. FEI Number <b>06-0464510</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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

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

**FOLEY, WILLIAM E  
2303 N SEMORAN BLVD  
ORLANDO FL 32807**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENGEL, PHILIP L	
STREET ADDRESS	10 EAST SCHILLER STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHOOKASZIAN, DENNIS H	
STREET ADDRESS	1235 WHITEBRIDGE LANE	
CITY-ST-ZIP	WINNETKA IL 60047	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROHAN, DANIEL J.	
STREET ADDRESS	17017 AMHERST LANE	
CITY-ST-ZIP	TINLEY PARK IL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	LOWRY, DONALD M.	
STREET ADDRESS	79 MARK DRIVE	
CITY-ST-ZIP	HAWTHORN WOODS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DECHENE, RICHARD E.	
STREET ADDRESS	1652 WHITE PINES CT.	
CITY-ST-ZIP	NAPERVILLE IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONWAY, PETER P. JR.	
STREET ADDRESS	1730 QUARTERHORSE CT.	
CITY-ST-ZIP	WHEATON ILL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>Assistant V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address **Daniel J. Rohan** **4/4/96** **(312) 822-5105**

**SIGNATURE:** *Daniel J. Rohan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)