

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 AUG 13 AM 1:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 04/17/1996
4. FEI Number 06-0464510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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	V	<input type="checkbox"/> DELETE
NAME	ROHAN, DANIEL J.	
STREET ADDRESS	17017 AMHERST LANE	
CITY-ST-ZIP	TINLEY PARK IL	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	LOWRY, DONALD M.	
STREET ADDRESS	79 MARK DRIVE	
CITY-ST-ZIP	HAWTHORN WOODS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DECHENE, RICHARD E.	
STREET ADDRESS	1652 WHITE PINES CT.	
CITY-ST-ZIP	NAPERVILLE IL	
TITLE	V	<input checked="" 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	Change	5000022669015-00
1.2 NAME	Addition	-08/14/97--01053--007
1.3 STREET ADDRESS		***165.00 ***165.00
1.4 CITY-ST-ZIP		
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CD
2.2 NAME		Chookaszian, Dennis H.
2.3 STREET ADDRESS		1100 Michigan Avenue
2.4 CITY-ST-ZIP		Wilmette, IL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	AV (Assistant Vice Pres.)
3.2 NAME		Rohan, Daniel J.
3.3 STREET ADDRESS		17017 Amherst Lane
3.4 CITY-ST-ZIP		Tinley Park, IL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD
4.2 NAME		Jokiel, Peter E.
4.3 STREET ADDRESS		11N160 Lamont Court
4.4 CITY-ST-ZIP		Elgin, IL
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	AV (Assistant Vice Pres.)
6.2 NAME		Pierce, Cathy J.
6.3 STREET ADDRESS		467 East Hiawatha, #409
6.4 CITY-ST-ZIP		Wood Dale, IL

14. I do 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 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.

SIGNATURE: _____ Assistant Vice President

CR2E034 (4/97)

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CNA INSURANCE COMPANIES

CNA Plaza Chicago IL 60686-0001

Mila H. Cruz, Manager
Financial Accounting-21S
Statutory Reporting

August 6, 1997

Telephone 312-822-4650
Facsimile 312-822-2893

Florida Department of State
Annual Reports Department
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Re: 1997 Annual Report and Filing Fee

Dear Sir/Madam:

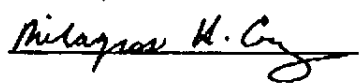
Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Casualty Company and its following subsidiaries:

➤ Continental Casualty Company	\$165.00
➤ Transportation Insurance Company	165.00
➤ National Fire Insurance Company of Hartford	165.00
➤ Transcontinental Insurance Company	165.00
➤ American Casualty Company of Reading, PA	165.00
➤ Valley Forge Insurance Company	165.00
➤ Continental Assurance Company	165.00
➤ Valley Forge Life Insurance Company	165.00
TOTAL	\$1,320.00

If you have any questions or concerns, please do not hesitate to call me.

NOTE: We did not receive the original invoices. Per Carol Anderson of the Florida Insurance Department, we only need to pay \$165.00 for each company.

Sincerely,



Milagros H. Cruz