

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801358 (3)
1. Corporation Name
BOSTON OLD COLONY INSURANCE COMPANY

Principal Place of Business CNA PLAZA CHICAGO IL 60685	Mailing Address CNA PLAZA STATUTORY REPORTING CHICAGO IL 60685
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/01/1920	
25		30		4. FEI Number 04-8017710	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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	

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 FL 85 Zip Code	
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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	CD <input type="checkbox"/> DELETE	1.1 TITLE	SVP (Senior Vice President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOOKASZIAN, DENNIS H.	1.2 NAME	Jokiel, Peter E.
STREET ADDRESS	1100 MICHIGAN AVENUE	1.3 STREET ADDRESS	11N160 Lamont Court
CITY-ST-ZIP	WILMETTE IL	1.4 CITY-ST-ZIP	Elgin, IL 60123
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, PHILIP L.	2.2 NAME	
STREET ADDRESS	10 EAST SCHILLER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOKIEL, PETER E.	3.2 NAME	
STREET ADDRESS	11N160 LAMONT COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELGIN IL	3.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHAN, DANIEL J.	4.2 NAME	
STREET ADDRESS	17017 AMHERST LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TINLEY PARK IL	4.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, CATHY J	5.2 NAME	
STREET ADDRESS	467 EAST HIAWATHA, #409	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOOD DALE IL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Cathy J. Pierce* Cathy J. Pierce 4-13-98 312-822-4255

CR2E034 (10/97)