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.)

Pg. 1

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 AUG 11 AM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 802004 (2)

1. Corporation Name
COMMERCIAL INSURANCE COMPANY OF NEWARK N.J.

Principal Place of Business	Mailing Address
CNA PLAZA CHICAGO IL 60685	CNA PLAZA STATUTORY REPORTING CHICAGO IL 60685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1924	3a. Date of Last Report: 10/22/1996
4. FEI Number: 22-1721944	☐ 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 100002265641--5 -08/14/97--01029--010 ****165.00 ****165.00 84 City FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	CHOOKASZIAN, DENNIS H.		1.2 NAME	Chookaszian, Dennis H.	
STREET ADDRESS	CNA PLAZA		1.3 STREET ADDRESS	1100 Michigan Avenue	
CITY-ST-ZIP	CHICAGO IL 60685		1.4 CITY-ST-ZIP	Wilmette, IL	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	ENGEL, PHILIP L.		2.2 NAME	Engel, Philip L.	
STREET ADDRESS	CNA PLAZA		2.3 STREET ADDRESS	10 East Schiller Street	
CITY-ST-ZIP	CHICAGO IL 60685		2.4 CITY-ST-ZIP	Chicago, IL	
TITLE	SRVD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	JOKIEL, PETER E.		3.2 NAME	Jokiel, Peter E.	
STREET ADDRESS	CNA PLAZA		3.3 STREET ADDRESS	11N160 Lamont Court	
CITY-ST-ZIP	CHICAGO IL 60685		3.4 CITY-ST-ZIP	Elgin, IL	
TITLE	SRVD	☒ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	LOWRY, DONALD M.		4.2 NAME		
STREET ADDRESS	CNA PLAZA		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60685		4.4 CITY-ST-ZIP		
TITLE	TDV	☒ DELETE	5.1 TITLE	AV(Asst. Vice President)	☐ Change ☒ Addition
NAME	RYCROFT, DONALD		5.2 NAME	Pierce, Cathy J.	
STREET ADDRESS	CNA PLAZA		5.3 STREET ADDRESS	467 East Hiawatha, #409	
CITY-ST-ZIP	CHICAGO IL 60685		5.4 CITY-ST-ZIP	Wood Dale, IL	
TITLE	AVAS	☐ DELETE	6.1 TITLE	AV (Asst. Vice President)	☒ Change ☐ Addition
NAME	ROHAN, DANIEL J.		6.2 NAME	Rohan, Daniel J.	
STREET ADDRESS	CNA PLAZA		6.3 STREET ADDRESS	17017 Amherst Lane	
CITY-ST-ZIP	CHICAGO IL 60685		6.4 CITY-ST-ZIP	Tinley Park, IL	

CR2E034 (4/97)

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: _____ REQUIRED Asst. Vice President 08-06-97 312-822-4055

CNA INSURANCE COMPANIES

CNA Plaza Chicago IL 60685-0001

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

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

August 6, 1997

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 Insurance Company and its following subsidiaries:

➢ Boston Old Colony Insurance Company	$165.00
➢ Buckeye Union Insurance Company	165.00
➢ Commercial Insurance Company of Newark, New Jersey	165.00
➢ Continental Insurance Company	165.00
➢ Fidelity & Casualty Company of New York	165.00
➢ Firemen's Insurance Company of Newark, New Jersey	165.00
➢ Glens Falls Insurance Company	165.00
➢ Kansas City Fire & Marine Insurance Company	165.00
➢ National-Ben Franklin Insurance Company of Illinois	165.00
➢ Niagara Fire Insurance Company	165.00
TOTAL	**$16,500.00**

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

Milagros H. Cruz