

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 802004

(2)

1. Corporation Name

COMMERCIAL INSURANCE COMPANY OF NEWARK N.J.

Principal Place of Business

CNA PLAZA
CHICAGO IL 60685

Mailing Address

CNA PLAZA
STATUTORY REPORTING
CHICAGO IL 60685

FILED

97 AUG 11 AM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

100002266641-5

-08/14/97-0029-010

****165.00 ****165.00

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

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 NAME STREET ADDRESS CITY-ST-ZIP

CEOD
CHOOKASZIAN, DENNIS H.
CNA PLAZA
CHICAGO IL 60685

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
ENGEL, PHILIP L.
CNA PLAZA
CHICAGO IL 60685

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SRVD
JOKIEL, PETER E.
CNA PLAZA
CHICAGO IL 60685

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SRVD
LOWRY, DONALD M.
CNA PLAZA
CHICAGO IL 60685

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

YDV
RYCROFT, DONALD
CNA PLAZA
CHICAGO IL 60685

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AVAS
ROHAN, DANIEL J.
CNA PLAZA
CHICAGO IL 60685

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

CD
Chookaszian, Dennis H.
1100 Michigan Avenue
Wilmette, IL

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

PD
Engel, Philip L.
10 East Schiller Street
Chicago, IL

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

YDV
Jokiel, Peter E.
11N160 Lamont Court
Elgin, IL

☒ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

AV(Asst. Vice President)
Pierce, Cathy J.
467 East Hiawatha, #409
Wood Dale, IL

☐ Change ☒ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

AV (Asst. Vice President)
Rohan, Daniel J.
17017 Amherst Lane
Tinley Park, IL

☒ Change ☐ Addition

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:

Asst. Vice

President, 08-06-97, 212-922-4855

CR2E034 (4/97)

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CNA INSURANCE COMPANIES

CNA Plaza Chicago IL 60685-0001

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:

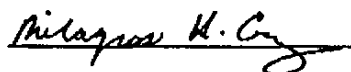
Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Insurance Company and its following subsidiaries:

➤ 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