

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/30/1924	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		22-1721944	
24 Country		29 Country		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	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				☐ Yes ☐ No	

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			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	SVP (Senior Vice President) ☒ Change ☐ 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	2.1 TITLE	☐ Change ☐ 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	3.1 TITLE	☐ Change ☐ 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	4.1 TITLE	☐ Change ☐ Addition
NAME	PIERCE, CATHY J	4.2 NAME	
STREET ADDRESS	487 EAST HIAWATHA, #409	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOOD DALE IL	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	☐ Change ☐ Addition
NAME	ROHAN, DANIEL J.	5.2 NAME	
STREET ADDRESS	17017 AMHERST LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TINLEY PARK IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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.

CP2E034 (10/97)