

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 802004

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90059 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1924

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip 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

FL

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

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	CD	<input checked="" type="checkbox"/> DELETE
NAME	CHOOKASZIAN, DENNIS H.	
STREET ADDRESS	1100 MICHIGAN AVENUE	
CITY-ST-ZIP	WILMETTE IL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ENGEL, PHILIP L.	
STREET ADDRESS	10 EAST SCHILLER STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	JOKIEL, PETER E.	
STREET ADDRESS	11N160 LAMONT COURT	
CITY-ST-ZIP	ELGIN IL 60123	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	PIERCE, CATHY J	
STREET ADDRESS	467 EAST HIAWATHA, #409	
CITY-ST-ZIP	WOOD DALE IL	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	ROHAN, DANIEL J.	
STREET ADDRESS	17017 AMHERST LANE	
CITY-ST-ZIP	TINLEY PARK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hengesbaugh, Bernard L	
1.3 STREET ADDRESS	333 S. Wabash	
1.4 CITY-ST-ZIP	Chicago, IL 60685	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Engel, Philip L	
2.3 STREET ADDRESS	333 S. Wabash	
2.4 CITY-ST-ZIP	Chicago, IL 60685	
3.1 TITLE	SVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MacGinnitie, W James	
3.3 STREET ADDRESS	333 S. Wabash	
3.4 CITY-ST-ZIP	Chicago, IL 60685	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Alton, Jeffery C	
4.3 STREET ADDRESS	333 S. Wabash	
4.4 CITY-ST-ZIP	Chicago, IL 60685	
5.1 TITLE	S/SVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kantor, Jonathan D	
5.3 STREET ADDRESS	333 S. Wabash	
5.4 CITY-ST-ZIP	Chicago, IL 60685	
6.1 TITLE	T/GVP (Group Vice Pres)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dempsey, Pamela S	
6.3 STREET ADDRESS	333 S. Wabash	
6.4 CITY-ST-ZIP	Chicago, IL 60685	

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, with all other like empowered.

SIGNATURE:

Jeffery C. Alton

04-23-99

312-822-7901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)