


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.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 807612 (7)
1. Corporation Name
FIREMEN'S INSURANCE COMPANY OF NEWARK, NEW JERSEY
Y

FILED
97 AUG 17 AM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1948		3a. Date of Last Report 10/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-1721950		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		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			
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOD	NAME	CHOOKZSZIAN, DENNIS H.	1.1 TITLE	CD	1.2 NAME	Chookaszian, Dennis H.
STREET ADDRESS	CNA PLAZA	CITY-ST-ZIP	CHICAGO IL 60685	1.3 STREET ADDRESS	1100 Michigan Avenue	1.4 CITY-ST-ZIP	Wilmette, IL
TITLE	PD	NAME	ENGEL, PHILIP L.	2.1 TITLE	PD	2.2 NAME	Engel, Philip L.
STREET ADDRESS	CNA PLAZA	CITY-ST-ZIP	CHICAGO IL 60685	2.3 STREET ADDRESS	10 East Schiller Street	2.4 CITY-ST-ZIP	Chicago, IL
TITLE	SRVD	NAME	JOKIEL, PETER E.	3.1 TITLE	VD	3.2 NAME	Jokiel, Peter E.
STREET ADDRESS	CNA PLAZA	CITY-ST-ZIP	CHICAGO IL 60685	3.3 STREET ADDRESS	11N160Lamont Court	3.4 CITY-ST-ZIP	Elgin, IL
TITLE	SRVS	NAME	LOWERY, DONALD M.	4.1 TITLE		4.2 NAME	
STREET ADDRESS	CNA PLAZA	CITY-ST-ZIP	CHICAGO IL 60685	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	AVAS	NAME	ROHAN, DANIEL J	5.1 TITLE	AV(Asst. Vice President)	5.2 NAME	Rohan, Daniel J.
STREET ADDRESS	CNA PLAZA	CITY-ST-ZIP	CHICAGO IL 60685	5.3 STREET ADDRESS	17017Amherst Lane	5.4 CITY-ST-ZIP	TinleyPark, IL
TITLE	TDV	NAME	RYCROFT, DONALD	6.1 TITLE	AV(Asst. Vice President)	6.2 NAME	Pierce, Cathy J.
STREET ADDRESS	CNA PLAZA	CITY-ST-ZIP	CHICAGO IL 60685	6.3 STREET ADDRESS	467 East Hiawatha, #409	6.4 CITY-ST-ZIP	Wood Dale, IL

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 08/26/97 310 222 1255

CP2E034 (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:

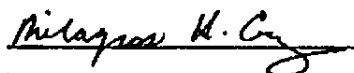
Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Insurance Company and its following subsidiaries:

➤ 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