

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **807612** (7)  
1. Corporation Name  
**FIREMEN'S INSURANCE COMPANY OF NEWARK, NEW JERSEY**



Principal Place of Business <b>CNA PLAZA CHICAGO IL 60685</b>	Mailing Address <b>CNA PLAZA STATUTORY REPORTING CHICAGO IL 60685</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/03/1948</b>	
				4. FEI Number <b>22-1721950</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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 <b>INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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	<input type="checkbox"/> DELETE		1.1 TITLE	SVP (Senior Vice President)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHOOKZSZIAN, 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	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROHAN, DANIEL J			4.2 NAME			
STREET ADDRESS	17017 AMHERST LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TINLEY PARK IL			4.4 CITY-ST-ZIP			
TITLE	AVP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIERCE, CATHY J			5.2 NAME			
STREET ADDRESS	467 EAST HIAWATHA, #409			5.3 STREET ADDRESS			
CITY-ST-ZIP	WOOD DALE IL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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.

CR2E034 (10/97)