

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 809046

(6)

1. Corporation Name

KANSAS CITY FIRE & MARINE INSURANCE COMPANY

Principal Place of Business

CNA PLAZA
CHICAGO IL 60685

Mailing Address

CNA PLAZA
STATUTORY REPORTING
CHICAGO IL 60685

FILED

97 AUG 11 AM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/29/1952		3a. Date of Last Report 10/22/1996	
4. FEI Number 44-0307890		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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			
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	
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 City 84 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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD CHOOKASZIAN, DENNIS H. CNA PLAZA CHICAGO IL 60685	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD Chookaszian, Dennis H. 1100 Michigan Avenue Wilmette, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, PHILIP L. CNA PLAZA CHICAGO IL 60685	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD JOKIEL, PETER E. CNA PLAZA CHICAGO IL 60685	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP Jokiel, Peter E. 11N160 Lamont Court Elgin, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS ROHAN, DANIEL J. CNA PLAZA CHICAGO IL 60685	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	AV(Asst. Vice President) Rohan, Daniel J. 17017 Amherst Lane Tinley Park, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV RYCROFT, DONALD CNA PLAZA CHICAGO IL 60685	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD LOWRY, DONALD M. CNA PLAZA CHICAGO IL 60685	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information furnished 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

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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:

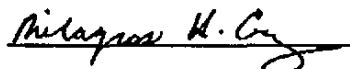
Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Insurance Company and its following subsidiaries:

➤ 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