

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 # 839751 (5)
1. Corporation Name
THE GLENS FALLS 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 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1977	3a. Date of Last Report 10/22/1996
4. FEI Number 13-2666900	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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

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)

600002266646-9
-08/14/97-01029-014
****165.00 ****165.00

12. OFFICERS AND DIRECTORS

TITLE	DOEO	<input type="checkbox"/> DELETE
NAME	CHOOKASZIAN, DENNIS H.	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENGEL, PHILIP L.	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	SRVD	<input type="checkbox"/> DELETE
NAME	JOKIEL, PETER E.	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	SRVD	<input checked="" type="checkbox"/> DELETE
NAME	LOWERY, DONALD M.	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	AVAS	<input type="checkbox"/> DELETE
NAME	ROHAN, DANIEL J.	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	TDV	<input checked="" type="checkbox"/> DELETE
NAME	RYCROFT, DONALD	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chookaszian, Dennis H.	
1.3 STREET ADDRESS	1100 Michigan Avenue	
1.4 CITY-ST-ZIP	Wilmette, IL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Engel, Philip L.	
2.3 STREET ADDRESS	10 East Schiller Street	
2.4 CITY-ST-ZIP	Chicago, IL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jokiel, Peter E.	
3.3 STREET ADDRESS	11N160 Lamont Court	
3.4 CITY-ST-ZIP	Elgin, IL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AV(Asst. Vice President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rohan, Daniel J.	
5.3 STREET ADDRESS	17017 Amherst Lane	
5.4 CITY-ST-ZIP	Tinley Park, IL	
6.1 TITLE	AV(Asst Vice President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pierce, Cathy J.	
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 08-06-97 212-922-1255

CR2E034 (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 312-822-4550
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:

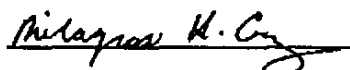
Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Insurance Company and its following subsidiaries:

➤ 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