

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 # 839755 (6)
1. Corporation Name
FIDELITY AND CASUALTY COMPANY OF NEW YORK

Principal Place of Business CNA PLAZA CHICAGO IL 60685	Mailing Address CNA PLAZA STATUTORY REPORTING CHICAGO IL 60685
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FILED

97 AUG 12 AM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/31/1977		3a. Date of Last Report 10/22/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 31-5069150		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		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 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		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 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD Chookaszian, Dennis H. 1100 Michigan Avenue Wilmette, IL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, PHILIP L. CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD JOKIEL, PETER E. CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD Jokiel, Peter E. 11N160 Lamont Court Elgin, IL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD LOWRY, DONALD M. CNA PLAZA CHICAGO IL 60685 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	300002266543-9 -08/14/97-01029-0129 ****165.00 ****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS ROHAN, DANIEL J. CHA PLAZA CHICAGO IL 60685 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AV (Asst. Vice President) Rohan, Daniel J. 17017 Amherst Lane Tinley Park, IL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV RYCROFT, DONALD CNA PLAZA CHICAGO IL 60685 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AV (Asst. Vice President) Pierce, Cathy J. 467 East Hiawatha, #409 Wood Dale, IL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 08.06.97 312-922-4255

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 312-822-4650
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:

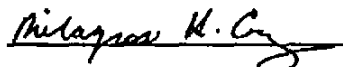
➤ Boston Old Colony Insurance Company	\$165.00
➤ Buckeye Union Insurance Company	165.00
➤ Commercial Insurance Company of Newark, New Jersey	165.00
➤ Continental Insurance Company	165.00
➤ Fidelity & Casualty Company of New York	165.00
➤ Firemen's Insurance Company of Newark, New Jersey	165.00
➤ Glens 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