Mailing Address CNA PLAZA STATUTORY REPORTING

CHICAGO IL 60685

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 839755

1. Corporation Name

CNA PLAZA CHICAGO IL 60685

Principal Place of Business

FIDELITY AND CASUALTY COMPANY OF NEW YORK

						12/31/1977			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				31-5069150		Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8	1.75 Additional	
22		27				5. Certificate of Status Desired Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing	□ \$	5.00 May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country Zip			Country		8. This corporation owes the current	· <u>-</u>		
24	25 29 30		30			Personal Property Tax. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Agent	1	
INCHES AND COMMISSIONICS			81 Name						
INSURANCE COMMISSIONER			82 Street Address (P.O. Box Number is Not Acceptable)						
THE CAPITOL BUILDING			. [
TALLAHASSEE FL 32399				83					
			84 C	ity		85	Zip Code		
					•		FL	·	
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		13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIF	RECTORS IN 12	
TITLE	CD	X DELETE	1.1 TITL	LE	C/	D .	<u> </u>	hange Addition	
NAME	CHOOKASZIAN, DENNIS H.		1.2 NA	ME	. He	engsbaugh, Bernard L			
STREET ADDRESS	ALCO DESCRIPTION AND ALECTRIC		1.3 STF	REET ADI	DRESS 33	33 S. Wabash			
CITY-ST-ZIP	WILMETTE IL			Y-5T-ZIF	- 01	icago, IL 60685			
TITLE	PD	X DELETE	2.1 TITL				_X	hange Addition	
NAME	ENGEL, PHILIP L.		2.2 NA		En En	ngel, Philip L		,	
				REET ADI	_{verss} 33	3 S. Wabash			
STREET ADDRESS	CHICAGO IL		2.4 CITY-5		and the same	iicago, IL 60685			
CITY-ST-ZIP TITLE	SVP	X DELETE	3.1 TITI		<u>'</u>	/P/D		Change : XAddition	
	JOKIEL, PETER E.	400	3.2 NA	-		cGinnitie, W James			
NAME	· ·			MC REET ADI	م ا	33 S. Wabash			
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
CITY-ST-ZIP	ELGIN IL 60123	X DELETE	3.4. CIT 4.1 TITI	TY-ST-ZI		nicago, IL 60685		hange Addition	
TITLE	AVP	C.K.DELETE			AS A1	lton, Jeffery C	٠.	, ,	
NAME	ROHAN, DANIEL J.		4. 2 NA		30	33 S. Wabash			
STREET ADDRESS				REET ADI					
CITY-ST-ZIP	TINELY PARK IL	₹ pc: cre		Y-ST-ZII			<u> </u>	Change TAddition	
TITLE	AVP	X DELETE	5.1 T(T) 5.2 NAI			/SVP/D	ال	Suringe / Avoiling	
NAME	PIERCE, CAHTY J				I	antor, Jonathan D			
STREET ADDRES	1			REET ADI	"	33 S. Wabashi			
CITY-ST-ZIP	WOOD DALE IL			ry-st-zii		nicago, IL 60685		Change XAddition	
TITLE		☐ DELETE	6.1 TIT		II.	GVP (Group Vice Pre	8) U	Change XAddition	
NAME:			6.2 NAJ		I	empsey, Pamela S			
STREET ADORES	s		1	REETAD	1 00	33 S. Wabash			
CITY-ST-ZIP				ry-st-zii	_⊳ [Cյր	nicago, IL 60685			
14. I hereby	certify that the information supplied with	th this filing does not qualify for	or the exen	nption	stated in Se	ection 119.07(3)(i), Florida Statutes. I f	urther certify the	at the information h: that I am an	
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, with all other like empowered.									
Block 12		hment with an address, with a	all other like	e empo	owered.				
	1 / /	In A I I I I I Am some one							

SIGNATURE:

04-23-99

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90059 028 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed