

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35843 (2)

1. Corporation Name

UNITED STATES P. & I. AGENCY INC.



Principal Place of Business

Mailing Address

180 MAIDEN LANE
TAX DIVISION, 11TH FLOOR
NEW YORK NY 10038

180 MAIDEN LANE
TAX DIVISION, 11TH FLOOR
NEW YORK NY 10038

3. Date Incorporated or Qualified

10/09/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 CNA Plaza

Suite, Apt. #, etc.

22 City & State

23 Chicago, IL

Zip

24 60685

Country

25 USA

2a. Mailing Address

26 Statutory Reports

Suite, Apt. #, etc.

27 CNA Plaza

City & State

28 Chicago, IL

Zip

29 60685

Country

30 USA

4. FEI Number

13-2646082

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of Registered Agent (Type in Block 13 if changed, or on an attachment with an address)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME DONNEY, TIM E.
STREET ADDRESS 41 STATION ROAD
CITY-ST-ZIP CRANBURY NJ

TITLE V [X] DELETE

NAME MCLAUGHLIN, JOSEPH M.
STREET ADDRESS 89-10 85TH STREET
CITY-ST-ZIP WOODHAVEN NY

TITLE S [X] DELETE

NAME HABER, MARTIN D.
STREET ADDRESS 2 EAST END AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE T [X] DELETE

NAME ENGLERT, JURGEN W.
STREET ADDRESS 881 MT. EYRE ROAD
CITY-ST-ZIP NEWTOWN PA

TITLE CD [] DELETE

NAME PRENDERGAST, THOMAS J.
STREET ADDRESS 4 BRIARWOOD COURT
CITY-ST-ZIP PRINCETN JUNCTION NJ

TITLE D [] DELETE

NAME WILDISH, RODERIC J.
STREET ADDRESS 11 EDGEWOOD ROAD
CITY-ST-ZIP YARDLEY PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE [] Change [X] Addition

22 NAME Peter E. Jokiel
23 STREET ADDRESS CNA Plaza
24 CITY-ST-ZIP Chicago, IL 60685

31 TITLE [] Change [X] Addition

32 NAME S/V
33 STREET ADDRESS Donald M. Lowry
34 CITY-ST-ZIP CNA Plaza Chicago, IL 60685

41 TITLE [] Change [X] Addition

42 NAME AT
43 STREET ADDRESS Pamela S. Dempsey
44 CITY-ST-ZIP CNA Plaza Chicago, IL 60685

51 TITLE [] Change [] Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel J. Rohan

Daniel J. Rohan

6/28/96

312 822-5105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)

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UNITED STATES P. & I. AGENCY, INC.

OFFICERS

Chairman of the Board
President
Vice President & Chief Financial Officer
Vice President & Controller
Vice President, Secretary, & General Counsel
Vice President
Assistant Vice President & Assistant Treasurer
Assistant Secretary
Assistant Secretary
Assistant Secretary

Thomas J. Prendergast*
Tim E. Donney*
Peter E. Jokiel
Patricia L. Kubera
Donald M. Lowry
Adrian M. Tocklin
Pamela S. Dempsey
Mary A. Ribikawskis
Robert D. Winkenbach
Daniel J. Rohan

***Address:**

One Continental Dr.
Cranbury, NJ 08570-3001

All Others at:

CNA Insurance Cos.
CNA Plaza
Chicago, IL 60685

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UNITED STATES P. & I. AGENCY, INC.

DIRECTORS

Tim E. Donney
Thomas J. Prendergast
Adrian Tocklin
Roderic J. Wildish