

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90098 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35843
 1. Corporation Name
UNITED STATES P. & I. AGENCY INC.

Principal Place of Business CNA PLAZA STATUTORY REPORTING-21S CHICAGO IL 60685	Mailing Address CNA PLAZA STATUTORY REPORTING-21S CHICAGO IL 60685
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2646082	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONNEY, TIM E.		1.2 NAME		
STREET ADDRESS	41 STATION ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRANBURY NJ		1.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWLEY, THOMAS H		2.2 NAME		
STREET ADDRESS	CNA PLAZA		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60685		2.4 CITY-ST-ZIP		
TITLE	GVD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASHION, MARVIN		3.2 NAME		
STREET ADDRESS	CNA PLAZA		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60685		3.4 CITY-ST-ZIP		
TITLE	AV	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP/Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, CATHY J		4.2 NAME	Pamela S. Dempsey	
STREET ADDRESS	CNA PLAZA		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60685		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIBIKAWSKIS, MARY A		5.2 NAME		
STREET ADDRESS	CNA PLAZA		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60685		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROB, ROBERT J		6.2 NAME		
STREET ADDRESS	CNA PLAZA		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60685		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:  **Signature Required** **Steven Harms** Date: **4/1/99** Daytime Phone #: **312-822-3905**

CR2E034 (1/1/98)

288394-90598-38
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UNITED STATES P. & I. AGENCY, INC.

OFFICERS

Chairman of the Board
President
Senior Vice President & Chief Financial Officer

Thomas H. Rowley
Tim E. Donney
Peter E. Jokiel

Group Vice President
Vice President & Assistant Treasurer
Vice President
Assistant Vice President
Secretary
Assistant Secretary
Assistant Secretary

Marvin Cashion
Pamela S. Dempsey
Lawrence J. Boysen
Steven Harms
Mary A. Ribikawskis
Robert J. Grob
Robert D. Winkenbach

DIRECTORS

Tim E. Donney
Thomas H. Rowley
Ronald G. Thornton
Marvin Cashion

Business Address for all
Officers and Directors
CNA Plaza
Chicago, IL 60685