

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 # 804884

(5)

1. Corporation Name

AMERICAN CASUALTY COMPANY OF READING PENNSYLVANIA

A

Principal Place of Business

CNA PLAZA
CHICAGO IL 60685

Mailing Address

CNA PLAZA
CHICAGO IL 60685

FILED

97 AUG 11 AM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1938

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-0342560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME CHOOKASZIAN, DENNIS H
STREET ADDRESS 1235 WHITEBRIDGE LANE
CITY-ST-ZIP WINNETKA IL

TITLE V ☐ DELETE

NAME ADAMSON, WILLIAM J.
STREET ADDRESS 912 SAVANNAH CIRCLE
CITY-ST-ZIP NAPERVILLE IL

TITLE V ☐ DELETE

NAME BOYLE, CAROLYN ANNE
STREET ADDRESS 425 KIMBERLY ROAD
CITY-ST-ZIP N BARRINGTON IL

TITLE SDV ☒ DELETE

NAME LOWRY, DONALD M
STREET ADDRESS 79 MARK DRIVE
CITY-ST-ZIP HAWTHORN WOODS IL

TITLE V ☐ DELETE

NAME ROHAN, DANIEL J.
STREET ADDRESS 17017 AMHERST LANE
CITY-ST-ZIP TINLEY PARK IL

TITLE V ☒ DELETE

NAME CONWAY, P.P.JR.
STREET ADDRESS 1730 QUARTER HORSE CT.
CITY-ST-ZIP WHEATON IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition

1.2 NAME Chookaszian, Dennis H.
1.3 STREET ADDRESS 1100 Michigan Avenue
1.4 CITY-ST-ZIP Wilmette, IL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
000002266920
-08/14/97-01053-009
****165.00 ****165.00

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME VJoki, Peter E.
4.3 STREET ADDRESS 11N160 Lamont Court
4.4 CITY-ST-ZIP Elgin, IL

5.1 TITLE AV (Assistant Vice President) ☐ Change ☐ 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 (Assistant Vice President) ☐ Change ☒ 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

Assistant Vice

Pierce, President 08-06-07 312-822-4255

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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:

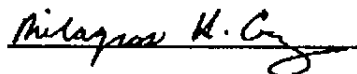
Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Casualty Company and its following subsidiaries:

➤ Continental Casualty Company	\$165.00
➤ Transportation Insurance Company	165.00
➤ National Fire Insurance Company of Hartford	165.00
➤ Transcontinental Insurance Company	165.00
➤ American Casualty Company of Reading, PA	165.00
➤ Valley Forge Insurance Company	165.00
➤ Continental Assurance Company	165.00
➤ Valley Forge Life Insurance Company	165.00
TOTAL	\$1,320.00

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