

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**

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

DOCUMENT # 807583 (0)

1. Corporation Name
CONTINENTAL CASUALTY COMPANY

Principal Place of Business: **OMA PLAZA CHICAGO, ILLINOIS 60685**

Mailing Address: **OMA PLAZA CHICAGO, ILLINOIS 60685**

3. Date incorporated or Qualified: **03/29/1948**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc. **27**

23. City & State **28**

24. Zip **25** Country **29** Zip **30** Country

4. FEI Number: **36-2114545** 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

**FOLEY, WILLIAM E.
2303 N. SEMORAN BLVD.
ORLANDO FL 32807**

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 _____ DATE _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOOKASZIAN, DENNIS H	1.2 NAME	
STREET ADDRESS	1235 WHITEBRIDGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA IL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMSON, WILLIAM J.	2.2 NAME	
STREET ADDRESS	912 SAVANNAH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	2.4 CITY-ST-ZIP	
TITLE	SVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRY, DONALD M	3.2 NAME	
STREET ADDRESS	79 MARK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORN WOODS IL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, PHILLIP L	4.2 NAME	
STREET ADDRESS	10 EAST SCHILLER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, PETER P. JR.	5.2 NAME	
STREET ADDRESS	1730 QUARTER HORSE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WHEATON ILL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSTON, RICHARD E. (ASST)	6.2 NAME	
STREET ADDRESS	920 S. MITCHELL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	6.4 CITY-ST-ZIP	
		S	
		ROHAN, DANIEL J. (ASST.)	
		17017 AMHERST LANE	
		TINLEY PARK IL	

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 110.07(3)(b), 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: *Daniel J. Rohan* **DANIEL J. ROHAN** **3/28/95** **(312) 822-5105**

SIGNATURE AND TITLE TO BE PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Typed Name)