


**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.)**

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG 11 AM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # 807583 (0)**

1. Corporation Name  
**CONTINENTAL CASUALTY COMPANY**

Principal Place of Business <b>CNA PLAZA CHICAGO IL 60685</b>	Mailing Address <b>CNA PLAZA CHICAGO IL 60685</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>03/29/1948</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>36-2114545</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>CHOOKASZIAN, DENNIS H</b>	
STREET ADDRESS	<b>1235 WHITEBRIDGE LANE</b>	
CITY-ST-ZIP	<b>WINNETKA IL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>ADAMSON, WILLIAM J.</b>	
STREET ADDRESS	<b>912 SAVANNAH CIRCLE</b>	
CITY-ST-ZIP	<b>NAPERVILLE IL</b>	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOWRY, DONALD M</b>	
STREET ADDRESS	<b>79 MARK DRIVE</b>	
CITY-ST-ZIP	<b>HAWTHORN WOODS IL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ENGEL, PHILLIP L</b>	
STREET ADDRESS	<b>10 EAST SCHILLER STREET</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>CONWAY, PETER P. JR.</b>	
STREET ADDRESS	<b>1730 QUARTER HORSE CT.</b>	
CITY-ST-ZIP	<b>WHEATON ILL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>ROHAN, DANIEL J.</b>	
STREET ADDRESS	<b>17017 AMHERST LANE</b>	
CITY-ST-ZIP	<b>TINLEY PARK IL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Chookaszian, Dennis H.</b>	
13 STREET ADDRESS	<b>1100 Michigan Avenue</b>	
14 CITY-ST-ZIP	<b>Wilmette, IL</b>	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Jokiel, Peter E.</b>	
33 STREET ADDRESS	<b>11N160 Lamont Court</b>	
34 CITY-ST-ZIP	<b>Elgin, IL</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	AV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Pierce, Cathy J.</b>	
53 STREET ADDRESS	<b>467 East Hiawatha, #409</b>	
54 CITY-ST-ZIP	<b>Wood Dale, IL</b>	
61 TITLE	AV (Assistant Vice Pres.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Rohan, Daniel J.</b>	
63 STREET ADDRESS	<b>17017 Amherst Lane</b>	
64 CITY-ST-ZIP	<b>Tinley Park, IL</b>	

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 President 08-06-97 312-922-1255

CR2E034 (4/97)

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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:

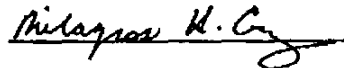
➤ Continental Casualty Company	\$165.00
➤ Transportation Insurance Company	165.00
➤ National Fire Insurance Company of Hartford	165.00
➤ Transcontinental Insurance Company	165.00
➤ American Casualty Company of Reading, PA	165.00
➤ Valley Forge Insurance Company	165.00
➤ Continental Assurance Company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

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