

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
May 15 1998 8:00am
Secretary of State

DOCUMENT # **807583** (0)
1. Corporation Name
CONTINENTAL CASUALTY COMPANY



Principal Place of Business: **CNA PLAZA CHICAGO IL 60685**
Mailing Address: **CNA PLAZA CHICAGO IL 60685**

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

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **03/29/1948**
4. FLL 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 owes or has paid the current year Intangible Personal Property Tax due June 30: [] Yes [] No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.0105, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of residence to the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I understand with respect to this appointment of the term 04/07/99, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.01 NAME	SVP (Senior Vice President)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
13.02 NAME	Adamson, William J.		
13.03 STREET ADDRESS	912 Savannah Circle		
13.04 CITY, ST, ZIP	Naperville, IL 60540		
13.05 NAME	SVP (Senior Vice President)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
13.06 NAME	Jokiel, Peter E.		
13.07 STREET ADDRESS	11N160 Lamont Court		
13.08 CITY, ST, ZIP	Elgin, IL 60123	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.09 NAME			
13.10 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.11 CITY, ST, ZIP			
13.12 NAME			
13.13 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.14 CITY, ST, ZIP			
13.15 NAME			
13.16 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.17 CITY, ST, ZIP			

14. I hereby certify that the information supplied by the filer is true and qualify for the exemption stated in Section 319.02(3)(c), Florida Statutes. I further certify that the information included in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent engaged to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am available to cooperate with any inquiry.

SIGNATURE: *Cathy J. Pierce* Cathy J. Pierce

4-13-98 312-822-4255
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CR2E034 (10/97)