05101999-90060-024-$150.00-$150.00

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90060 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 807583

1. Corporation Name
CONTINENTAL CASUALTY COMPANY

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/29/1948

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ 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	SVP	☑ DELETE	1.1 TITLE	C/D	☐ Change ☑ Addition
NAME	ADAMSON, WILLIAM J		1.2 NAME	Hengesbaugh, Bernard L	
STREET ADDRESS	912 SAVANNAH CIRCLE		1.3 STREET ADDRESS	333 S. Wabash	
CITY-ST-ZIP	NAPERVILLE FL 60540		1.4 CITY-ST-ZIP	Chicago, IL 60685	
TITLE	SVP	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	JOKIEL, PETER E		2.2 NAME	Engel, Philip L	
STREET ADDRESS	11N160 LAMONT COURT		2.3 STREET ADDRESS	333 S. WABASH	
CITY-ST-ZIP	ELGIN IL 60123		2.4 CITY-ST-ZIP	Chicago, IL 60685	
TITLE	VD	☒ DELETE	3.1 TITLE	SVP/D	☐ Change ☒ Addition
NAME	JOKIEL, PETER E		3.2 NAME	MacGinnitie, W. James	
STREET ADDRESS	11N160 LAMONT COURT		3.3 STREET ADDRESS	333 S. WABASH	
CITY-ST-ZIP	ELGIN IL		3.4 CITY-ST-ZIP	Chicago, IL 60685	
TITLE	PD	☒ DELETE	4.1 TITLE	T/GVP (Group Vice President	☐ Change ☒ Addition
NAME	ENGEL, PHILLIP L		4.2 NAME	Dempsey, Pamela S	
STREET ADDRESS	10 EAST SCHILLER STREET		4.3 STREET ADDRESS	333S. Wabash	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	Chicago, IL 60685	
TITLE	AV	☒ DELETE	5.1 TITLE	S/SVP/D	☐ Change ☒ Addition
NAME	PIERCE, CATHY J		5.2 NAME	Kantor, Jonathan D	
STREET ADDRESS	467 E. HIAWATHA, #409		5.3 STREET ADDRESS	333 S. Wabash	
CITY-ST-ZIP	WOOD DALE IL		5.4 CITY-ST-ZIP	Chicago, IL 60685	
TITLE	AV	☒ DELETE	6.1 TITLE	AS	☐ Change ☒ Addition
NAME	ROHAN, DANIEL J.		6.2 NAME	Alton, Jeffery C.	
STREET ADDRESS	17017 AMHERST LANE		6.3 STREET ADDRESS	333S. Wabash	
CITY-ST-ZIP	TINLEY PARK IL		6.4 CITY-ST-ZIP	CHICAGO, IL 60685	

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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: REQUIRED Jeffery C. Alton 04/23/99 312-822-2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number