

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 807583**

1. Entity Name

CONTINENTAL CASUALTY COMPANY

Principal Place of Business

Mailing Address

**CNA PLAZA
CHICAGO IL 60685****CNA PLAZA
CHICAGO IL 60685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
HENGESBAUGH, BERNARD L
202 THOMPSON DRIVE
WHEATON IL 60187**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DUBICKI, CAROL
1015 JACKSON AVE
RIVER FOREST IL 60305**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DEUTSCH, ROBERT V
7 PHEASANT HILL
FARMINGTON CT 06032**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**TVD
DEMPSEY, PAMELA S
1805 TRILLIUM LANE
RIVERWOODS IL 60015**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDV
KANTOR, JONATHAN D
193 OLD ARMY RD
SCARSDALE NY**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ALTON, JEFFERY C
127 DAVISON
JOLIET IL 60432**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THOMAS, PONTARELLI
1326 EVERGREEN COURT
GLENVIEW, IL 60028**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001

Date

312-822-7901

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90355 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)