

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90222 008 ***150.00

DOCUMENT # 807583

1. Entity Name
CONTINENTAL CASUALTY COMPANY

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



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 36-2114545 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399 | | | | 7. Name and Address of New Registered Agent | | | |
| | | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HENGESBAUGH, BERNARD L 202 THOMPSON DRIVE WHEATON IL 60187 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PONTARELLI, THOMAS 1326 EVERGREEN COURT GLENVIEW IL 60028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DEUTSCH, ROBERT V 7 PHEASANT HILL FARMINGTON CT 06032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TVD DEMPSEY, PAMELA S 1805 TRILLIUM LANE RIVERWOODS IL 60015 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDV KANTOR, JONATHAN D 193 OLD ARMY RD SCARSDALE NY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALTON, JEFFERY C 127 DAVISON JOLIET IL 60432 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Jeffery C. Alton* **Jeffery C. Alton** **4/29/02** **312-822-7901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U140090

CR2E034 (9/01)

ATTACH # 807583 / 648893



CNA Plaza Chicago IL 60685-0001

Neifia O. Dority

Accounting Supervisor
Corporate Financial Services
State Specific Statutory
Reporting - 09S

Telephone 312-822-4314
Facsimile 312-817-0040
email neifia.dority@cna.com

April 29, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Uniform Business Reports

Enclosed, please find six (6) checks in the total amount of **\$900.00** regarding the uniform business reports for the following companies:

| <u>Company Name</u> | <u>Check No.</u> | <u>Check Amount</u> |
|--------------------------------------|------------------|---------------------|
| Continental Casualty Company | WC6-3163751 | \$150.00 |
| Transportation Insurance Company | WC6-3163752 | \$150.00 |
| National Fire Insurance Company | WC6-3163753 | \$150.00 |
| Transcontinental Insurance Company | WC6-3163754 | \$150.00 |
| American Casualty Co. of Reading, PA | WC6-3163755 | \$150.00 |
| Valley Forge Insurance Company | WC6-3163756 | \$150.00 |
| | Total. | \$900.00 |

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Neifia O. Dority