


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.)

121

<input checked="" type="checkbox"/> PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # 808158 (0)
 1. Corporation Name
TRANSPORTATION INSURANCE COMPANY

Principal Place of Business CNA PLAZA CHICAGO ILLINOIS 60685	Mailing Address CNA PLAZA CHICAGO ILLINOIS 60685
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1950		3a. Date of Last Report 04/17/1996	
2. Principal Place of Business 21		4. FEI Number 36-1877247	
2a. Mailing Address 26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State		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	
24. Zip		30. Country	

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	40000226654-5
84 City	FL

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chookaszian, Dennis H.	
1.3 STREET ADDRESS	1100 Michigan Avenue	
1.4 CITY-ST-ZIP	Wilmette, IL	
2.1 TITLE	AV (Asst. Vice President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rohan, Daniel J.	
2.3 STREET ADDRESS	17017 Amherst Lane	
2.4 CITY-ST-ZIP	Tinley Park, IL	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jokiell, Peter E.	
3.3 STREET ADDRESS	11N160 Lamont Court	
3.4 CITY-ST-ZIP	Elgin, IL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AV (Asst. Vice President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pierce, Cathy J.	
6.3 STREET ADDRESS	467 East Hiawatha, #409	
6.4 CITY-ST-ZIP	Wood Dale, IL	

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 as changed, or on an attachment with an address.

SIGNATURE: _____ **Asst. Vice President** 08 06 97 310 933 1855

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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:

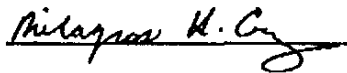
Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Casualty Company and its following subsidiaries:

➤ 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
TOTAL	<u>\$1,320.00</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