FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **822335** (6)

1. Corporation Name

CONTINENTAL LOSS ADJUSTING SERVICES, INC.

Principal Place of Business	Mailing Address
CNA PLAZA . 43S 333 S. WABASH CHICAGO IL 60685 US	CNA PLAZA . 43S 333 S. WABASH CHICAGO IL 60685 US

2. Principal Place of Business	2a. Mailing Address
21 CNA Plaza 31 s	26 CNA Plaza 31 S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 333 S. Wabash	27 333 S. Wabash
City & State	City & State
23 Chicago IL	28 Chicago IL
Zip / Country	Zip / Country
24 60685 / 25 US	29 60685 / 30 US

3. Date Incorporated or Qualified: 01/24/1969
3a. Date of Last Report: 11/30/1995
4. FEI Number: 36-1892350 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: _____ (Signature, typed or printed name of registered agent or authorized officer) (NOTE: Registered Agent signature required for reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CONWAY, PETER P JR		1.2 NAME		
STREET ADDRESS	CNA PLAZA		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60685		1.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DONNELLY, THOMAS E		2.2 NAME		
STREET ADDRESS	CNA PLAZA		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60685		2.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, CAROLYN L		3.2 NAME	400001799394	
STREET ADDRESS	CNA PLAZA		3.3 STREET ADDRESS	-04/29/96--01089--007	
CITY-ST-ZIP	CHICAGO IL 60685		3.4 CITY-ST-ZIP	***200.00	
TITLE	SVPS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOWRY, DONALD M		4.2 NAME		
STREET ADDRESS	CNA PLAZA		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60685		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ANTAO, HELEN		5.2 NAME		
STREET ADDRESS	CNA PLAZA		5.3 STREET ADDRESS	3 Farms Glen Boulevard	
CITY-ST-ZIP	CHICAGO IL 60685		5.4 CITY-ST-ZIP	Farmington CT 06032	
TITLE	VP	☐ DELETE	6.1 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME	ANDERSON, THOMAS		6.2 NAME	Mary A Ribikawskis	
STREET ADDRESS	CNA PLAZA		6.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	CHICAGO IL 60685		6.4 CITY-ST-ZIP	Chicago IL 60685	

4-29-96

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mary Ribikawskis 3-28-96 312-822-6312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #