

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # 822335 (6)

1. Corporation Name

CONTINENTAL LOSS ADJUSTING SERVICES, INC.

Principal Place of Business

Mailing Address

CNA PLAZA
333 S. WABASH
CHICAGO IL 60685
US

CNA PLAZA
333 S. WABASH
CHICAGO IL 60685
US

3. Date Incorporated or Qualified
01/24/1969

3a. Date of Last Report
3/28/96

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

2. Principal Place of Business
21. CNA Plaza 21S

2a. Mailing Address
26. CNA Plaza 21S

Suite, Apt. #, etc.
22. 333 S. Wabash

Suite, Apt. #, etc.
27. 333 S. Wabash

City & State
23. Chicago IL

City & State
28. Chicago IL

Zip Country
24. 60685 US

Zip Country
29. 60685 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

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

83. 000002130710
-05/27/97--01005--041

84. City ***165.00

85. Zip Code 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

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS N 12

TITLE P ☐ DELETE

NAME CONWAY, PETER P JR
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL 60685

1.1 TITLE P, Chair ☒ Change ☐ Addition

1.2 NAME Bernard L. Hengeshaugh
1.3 STREET ADDRESS CNA Plaza
1.4 CITY-ST-ZIP Chicago, IL 60685

TITLE SVP ☐ DELETE

NAME DONNELLY, THOMAS E
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL 60685

2.1 TITLE SVP, CFO ☒ Change ☐ Addition

2.2 NAME Peter E. Jokiel
2.3 STREET ADDRESS CNA Plaza
2.4 CITY-ST-ZIP Chicago, IL 60685

TITLE SVP ☐ DELETE

NAME MURPHY, CAROLYN L
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL 60685

3.1 TITLE SVP, Sec ☒ Change ☐ Addition

3.2 NAME Donald M. Lowry
3.3 STREET ADDRESS CNA Plaza
3.4 CITY-ST-ZIP Chicago, IL 60685

TITLE SVPS ☐ DELETE

NAME LOWRY, DONALD M
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL 60685

4.1 TITLE VP, T ☒ Change ☐ Addition

4.2 NAME Pamela S. Dempsey
4.3 STREET ADDRESS CNA Plaza
4.4 CITY-ST-ZIP Chicago, IL 60685

TITLE VP ☐ DELETE

NAME ANTAO, HELEN
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL 60685

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 3 Farms Glen Boulevard
5.4 CITY-ST-ZIP Farmington CT 06032

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Asst. VP,
6.3 STREET ADDRESS Cathy J. Pierce
6.4 CITY-ST-ZIP CNA Plaza
Chicago, IL 60685

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)(k), 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: Cathy J. Pierce

5/2/97 312/822-5000