

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 822335 (6)
1. Corporation Name
CONTINENTAL LOSS ADJUSTING SERVICES, INC.



Principal Place of Business CNA PLAZA 21S 333 S. WABASH CHICAGO IL 60685 US	Mailing Address CNA PLAZA 21S 333 S. WABASH CHICAGO IL 60685 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1969	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 36-1892350		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 and title if applicable

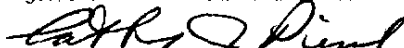
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	☐ Change ☐ Addition
NAME	HENGESHAUGH, BERNARD L	1.2 NAME	
STREET ADDRESS	CNA PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	1.4 CITY-ST-ZIP	
TITLE	BVP	2.1 TITLE	☒ Change ☐ Addition
NAME	JOKIEL, PETER E	2.2 NAME	David T. Cumming
STREET ADDRESS	CNA PLAZA	2.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL 60685	2.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	BVPS	3.1 TITLE	☒ Change ☐ Addition
NAME	LOWRY, DONALD M	3.2 NAME	Thomas H. Rowley
STREET ADDRESS	CNA PLAZA	3.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL 60685	3.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	VPTS	4.1 TITLE	☐ Change ☐ Addition
NAME	DEMPSEY, PAMELA S	4.2 NAME	
STREET ADDRESS	CNA PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☒ Change ☐ Addition
NAME	ANTAO, HELEN	5.2 NAME	Jeffery T. Rohrer
STREET ADDRESS	3 FARMS GLEN BOULEVARD	5.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	FARMINGTON CT 06032	5.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	ASVP	6.1 TITLE	☐ Change ☒ Addition
NAME	PIERCE, CATHY J	6.2 NAME	Assistant Secretary
STREET ADDRESS	CNA PLAZA	6.3 STREET ADDRESS	Robert J. Grob
CITY-ST-ZIP	CHICAGO IL 60685	6.4 CITY-ST-ZIP	CNA Plaza-245
			Chicago, IL 60685

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

3-17-98

312-822-4255

CR2E034 (10/97)