

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 807583

**Entity Name:** CONTINENTAL CASUALTY COMPANY

**Current Principal Place of Business:**

333 S. WABASH AVE.  
CHICAGO, IL 60604

**Current Mailing Address:**

333 S. WABASH AVE.  
43S  
CHICAGO, IL 60604

**FEI Number:** 36-2114545

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           CEOD, DIRECTOR  
Name           MOTAMED, THOMAS F  
Address        333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title           EVPD, DIRECTOR  
Name           PONTARELLI, THOMAS  
Address        333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title           CFOD, DIRECTOR  
Name           MENSE, D. CRAIG  
Address        333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title           EVPD, DIRECTOR  
Name           HAEFNER, LARRY A  
Address        333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title           EVPD, DIRECTOR  
Name           KANTOR, JONATHAN D  
Address        333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title           SVP  
Name           DARCY, STATHY  
Address        333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title           PRESIDENT, LONG-TERM CARE  
Name           MIRALLES, ALBERT J JR.  
Address        333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title           PRESIDENT, INTERNATIONAL  
Name           BROSNAN, DAVID J.  
Address        333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STATHY DARCY

SVP

03/26/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title EVP  
Name FAY, GEORGE R.  
Address 333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title PRESIDENT, WORD WIDE FIELD OPERATIONS  
Name SZERLONG, TIMOTHY J.  
Address 333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title PRESIDENT & COO, CNA SPECIALTY  
Name HERMAN, MARK I.  
Address 333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604

Title SVP AND TREASURER  
Name ADAMS, AMY C.  
Address 333 S. WABASH AVE.  
City-State-Zip: CHICAGO IL 60604