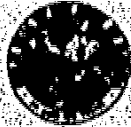


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 802852 (4)

1. Corporation Name

TRANSCONTINENTAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

**ONE PLAZA
CHICAGO IL 60685**

**ONE PLAZA
CHICAGO IL 60685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1925

3a. Date of Last Report

05/01/1994

4. FEI Number

36-6043106

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FOLEY, WILLIAM E.
2303 N. SEMORAN BLVD.
ORLANDO FL 32807**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V**
NAME **ADAMSON, WILLIAM JOSEPH**
STREET ADDRESS **912 SAVANNAH CR.**
CITY-ST-ZIP **NAPERVILLE IL**

TITLE **CD**
NAME **CHOOKASZIAN, DENNIS H**
STREET ADDRESS **1235 WHITEBRIDGE LANE**
CITY-ST-ZIP **WINNETKA IL**

TITLE **V**
NAME **DECHENE, RICHARD EMMETT**
STREET ADDRESS **1652 WHITE PINES CT.**
CITY-ST-ZIP **NAPERVILLE IL**

TITLE **SVD**
NAME **LOWRY, DONALD M**
STREET ADDRESS **70 MARK DRIVE**
CITY-ST-ZIP **HAWTHORN WOODS IL**

TITLE **V**
NAME **CONWAY, PETER PAUL, JR.**
STREET ADDRESS **1730 QUARTER HORSE CT.**
CITY-ST-ZIP **WHEATON IL**

TITLE **AS**
NAME **RUSTON, RICHARD E.**
STREET ADDRESS **920 S. MITCHELL**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
ROHAN, DANIEL J. (ASST.)
17017 AMHERST LANE
TINLEY PARK IL

☒ Change ☐ Addition

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:

Daniel J. Rohan

DANIEL J. ROHAN

3/28/95

(312) 822-5105

SIGNATURE AND TYPE OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

Date

Daytime Phone #