FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
CNA PLAZA CHICAGO IL 60685	CNA 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**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **36-6043106** ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMSON, WILLIAM JOSEPH	1.2 NAME	
STREET ADDRESS	912 SAVANNAH CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHOOKASZIAN, DENNIS H	2.2 NAME	
STREET ADDRESS	1235 WHITEBRIDGE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA IL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	DECHENE, RICHARD EMMETT	3.2 NAME	
STREET ADDRESS	1652 WHITE PINES CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	3.4 CITY-ST-ZIP	
TITLE	SVD	4.1 TITLE	☐ Change ☐ Addition
NAME	LOWRY, DONALD M	4.2 NAME	
STREET ADDRESS	79 MARK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORN WOODS IL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	CONWAY, PETER PAUL, JR.	5.2 NAME	
STREET ADDRESS	1730 QUARTER HORSE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WHEATON IL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	S ☒ Change ☐ Addition
NAME	RUSTON,RICHARD E.	6.2 NAME	ROHAN, DANIEL J. (ASST.)
STREET ADDRESS	920 S. MITCHELL	6.3 STREET ADDRESS	17017 AMHERST LANE
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	6.4 CITY-ST-ZIP	TINLEY PARK, IL

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: Daniel J. Rohan DANIEL J. ROHAN 3/28/95 (312) 822-5105
SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477480 FP