

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 802852 (4)**

1. Corporation Name

**TRANSCONTINENTAL INSURANCE COMPANY**



Principal Place of Business

**CNA PLAZA  
CHICAGO IL 60685**

Mailing Address

**CNA PLAZA  
CHICAGO IL 60685**

3. Date Incorporated or Qualified

**08/21/1925**

3a. Date of Last Report

**04/19/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

10. Name and Address of New Registered Agent

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

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

TITLE **V** ☐ DELETE

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

TITLE **CD** ☐ DELETE

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

TITLE **V** ☐ DELETE

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

TITLE **SVD** ☐ DELETE

NAME **LOWRY, DONALD M**  
STREET ADDRESS **79 MARK DRIVE**  
CITY-ST-ZIP **HAWTHORN WOODS IL**

TITLE **V** ☐ DELETE

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

TITLE **S** ☐ DELETE

NAME **ROHAN, DANIEL J.**  
STREET ADDRESS **17017 AMHERST LANE**  
CITY-ST-ZIP **TINLEY PARK 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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Assistant V**

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**

**4/4/96**

**(312) 822-5105**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)