

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

FILED
97 AUG 11 AM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1925	3a. Date of Last Report 04/17/1996
4. FEI Number 36-6043106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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	V	1.1 TITLE	
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	CD
NAME	CHOOKASZIAN, DENNIS H	2.2 NAME	Chookaszian, Dennis H.
STREET ADDRESS	1235 WHITEBRIDGE LANE	2.3 STREET ADDRESS	1100 Michigan Avenue
CITY-ST-ZIP	WINNETKA IL	2.4 CITY-ST-ZIP	Wilmette, IL
TITLE	V	3.1 TITLE	
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	VD
NAME	LOWRY, DONALD M	4.2 NAME	Jokiel, Peter E.
STREET ADDRESS	79 MARK DRIVE	4.3 STREET ADDRESS	11N160 Lamont Court
CITY-ST-ZIP	HAWTHORN WOODS IL	4.4 CITY-ST-ZIP	Elgin, IL
TITLE	V	5.1 TITLE	AV (Asst. Vice President)
NAME	CONWAY, PETER PAUL, JR.	5.2 NAME	Pierce, Cathy J.
STREET ADDRESS	1730 QUARTER HORSE CT.	5.3 STREET ADDRESS	467 Hiawatha, #409
CITY-ST-ZIP	WHEATON IL	5.4 CITY-ST-ZIP	Wood Dale, IL
TITLE	V	6.1 TITLE	AV (Asst. Vice President)
NAME	ROHAN, DANIEL J.	6.2 NAME	Rohan, Daniel J.
STREET ADDRESS	17017 AMHERST LANE	6.3 STREET ADDRESS	17017 Amherst Lane
CITY-ST-ZIP	TINLEY PARK FL	6.4 CITY-ST-ZIP	Tinley Park, IL

14. I do hereby certify that the information supplied with this filing 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: *[Signature]*

Asst. Vice

CR2E034 (4/97)

pg. 2

CNA INSURANCE COMPANIES

CNA Plaza Chicago IL 60685-0001

Mila H. Cruz, Manager
Financial Accounting-21S
Statutory Reporting

August 6, 1997

Telephone 312-822-4650
Facsimile 312-822-2893

Florida Department of State
Annual Reports Department
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: 1997 Annual Report and Filing Fee

Dear Sir/Madam:

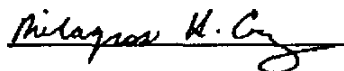
Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Casualty Company and its following subsidiaries:

➤ Continental Casualty Company	\$165.00
➤ Transportation Insurance Company	165.00
➤ National Fire Insurance Company of Hartford	165.00
➤ Transcontinental Insurance Company	165.00
➤ American Casualty Company of Reading, PA	165.00
➤ Valley Forge Insurance Company	165.00
➤ Continental Assurance Company	165.00
➤ Valley Forge Life Insurance Company	165.00
TOTAL	\$1,320.00

If you have any questions or concerns, please do not hesitate to call me.

NOTE: We did not receive the original invoices.
 **Per Carol Anderson of the Florida Insurance Department, we only need to pay \$165.00 for each company.**

Sincerely,



Milagros H. Cruz