FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
May 15 1998 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1925

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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21 -
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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
(Registered Agent) 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	1100 MICHIGAN AVENUE	
CITY-ST-ZIP	WILMETTE IL	
TITLE	VD	[ ] DELETE
NAME	JOKIEL, PETER E	
STREET ADDRESS	11N160 LAMONT COURT	
CITY-ST-ZIP	ELGIN IL	
TITLE	AVP	[ ] DELETE
NAME	PIERCE, CATHY J	
STREET ADDRESS	467 HIAWATHA, #409	
CITY-ST-ZIP	WOOD DALE IL	
TITLE	AVP	[ ] DELETE
NAME	ROHAN, DANIEL J.	
STREET ADDRESS	17017 AMHERST LANE	
CITY-ST-ZIP	TINLEY PARK IL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	P (President)	[ ] Change [X] Addition
1 NAME	Engel, Philip L.	
1 STREET ADDRESS	10 East Schiller Street	
1 CITY-ST-ZIP	Chicago, IL 60610	
2 TITLE	SVP(Senior Vice President)	[X] Change [ ] Addition
2 NAME	Jokiel, Peter E.	
2 STREET ADDRESS	11N160 Lamont Court	
2 CITY-ST-ZIP	Elgin, IL 60123	
3 TITLE	SVP (Senior Vice President)	[X] Change [ ] Addition
3 NAME	Adamson, William Joseph	
3 STREET ADDRESS	912 Savannah Circle	
3 CITY-ST-ZIP	Naperville, IL 60540	
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I 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 report or supplemental 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: Cathy J. Pierce   Cathy J. Pierce   4-13-98   312-822-4255

CR2E034 (10/97)