

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90059 036 ***150.00

DOCUMENT # 802852

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
ENGEL, PHILIP L
10 EAST SCHILLER STREET
CHICAGO IL 60610**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SVP
JOKIEL, PETER E
11N160 LAMONT CIRCLE
ELGIN IL 60123**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SVP
ADAMSON, WILLIAM JOSEPH
912 SAVANNAH CIRCLE
NAPERVILLE IL 60540**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**AVP
PIERCE, CATHY J
467 HIAWATHA, #409
WOOD DALE IL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**AVP
ROHAN, DANIEL J.
17017 AMHERST LANE
TINLEY PARK IL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P/D

**Engel, Philip L
333 S. Wabash
Chicago, IL 60685**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SVP/D

**MacGinnitie, W James
333 S. Wabash
Chicago, IL 60685**

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

C/D

**Hengesbaugh, Bernard L
333 S. Wabash
Chicago, IL 60685**

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T/GVP (Group Vice President)

**Dempsey, Pamela S
333 S. Wabash
Chicago, IL 60685**

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S/SVP/D

**Kantor, Jonathan D
333 S. Wabash
Chicago, IL 60685**

☐ Change

☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS

**Alton, Jeffery C
333 S. Wabash
Chicago, IL 60685**

☐ Change

☒ Addition

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 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, with all other like empowered.

SIGNATURE:

Jeffery C. Alton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery C. Alton

4/23/99

Date

312-822-7901

Daytime Phone #

CR2E034 (11/98)