

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 030 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 802852					
1. Entity Name TRANSCONTINENTAL INSURANCE COMPANY					
Principal Place of Business CNA PLAZA CHICAGO, IL 60685			Mailing Address CNA PLAZA-9TH FLOOR CHICAGO, IL 60685		
2. Principal Place of Business CNA Center			3. Mailing Address CNA Center - 28th floor		
Suite, Apt. #, etc. 333 S. Wabash Ave. (60604)			Suite, Apt. #, etc. 333 S. Wabash Ave. (60604)		
City & State Chicago, IL			City & State Chicago, IL		
Zip 60685	Country U.S.A.	Zip 60685	Country U.S.A.	4. FEI Number 36-6043106	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV THOMAS, PONTARELLI CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF DEUTSCH, ROBERT V CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CF/D D. Craig Mense CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 ☒ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CGCD KANTOR, JONATHAN CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/GC/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HEMME, DENNIS R CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FUSCO, MICHAEL CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Jerry F. Sliwa CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685 ☒ Change ☒ Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jerry F. Sliwa</u> Jerry F. Sliwa, Asst. Vice President 4/29/05 312 822-7191					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					