2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# 802852

Entity Name: TRANSCONTINENTAL INSURANCE COMPANY

Current Principal Place of Business:

CNA CENTER
333 S. WABASH AVE.
CHICAGO, IL 60685

New Principal Place of Business:

Current Mailing Address:

CNA CENTER - 28TH FLOOR
333 S. WABASH AVE.
CHICAGO, IL 60685

New Mailing Address:

FEI Number: 36-6043106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: EVD ( ) Delete
Name: THOMAS, PONTARELLI
Address: 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60685

Title: EVCF ( ) Delete
Name: MENSE, CRAIG D
Address: 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60685

Title: PGCD ( ) Delete
Name: KANTOR, JONATHAN
Address: 333 S. WABASH AVE
City-St-Zip: CHICAGO, IL 60685

Title: VT ( ) Delete
Name: HEMME, DENNIS R
Address: 333 S. WABASH AVE
City-St-Zip: CHICAGO, IL 60685

Title: EV ( ) Delete
Name: FUSCO, MICHAEL
Address: 333.S. WABASH AVE
City-St-Zip: CHICAGO, IL 60685

Title: AV ( ) Delete
Name: GROB, ROBERT J
Address: 333 S. WABASH AVE
City-St-Zip: CHICAGO, IL 60685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVD (X) Change ( ) Addition
Name: THOMAS, PONTARELLI
Address: CNA CENTER 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60685

Title: CFO (X) Change ( ) Addition
Name: MENSE, CRAIG D
Address: CNA CENTER 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60685

Title: PGCD (X) Change ( ) Addition
Name: KANTOR, JONATHAN D
Address: CNA CENTER 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60685

Title: VT (X) Change ( ) Addition
Name: HEMME, DENNIS R
Address: CNA CENTER 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60685

Title: EVD (X) Change ( ) Addition
Name: FUSCO, MICHAEL
Address: CNA CENTER 333.S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60685

Title: AVP (X) Change ( ) Addition
Name: SLIWA, JERRY F
Address: CNA CENTER 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY F. SLIWA AVP 04/11/2006

Electronic Signature of Signing Officer or Director — Date