FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **802890** **(4)**

1. Corporation Name
CONTINENTAL ASSURANCE COMPANY

Principal Place of Business	Mailing Address
CNA PLAZA CHICAGO ILLINOIS 60685	CNA PLAZA CHICAGO ILLINOIS 60685

3. Date Incorporated or Qualified: **04/06/1926**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **36-0947200** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FOLWY, WILLIAM E
2303 N SEMORAN BLVD
ORLANDO FL 32807

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1 1 TITLE	☐ Change ☐ Addition
NAME	CHOOKASZIAN, DENNIS H.	1 2 NAME	
STREET ADDRESS	1235 WHITEBRIDGE LANE	1 3 STREET ADDRESS	
CITY ST ZIP	WINNETKA IL 60093	1 4 CITY ST ZIP	
TITLE	S	2 1 TITLE	S ☒ Change ☐ Addition
NAME	RUSTON, RICHARD E. (ASST	2 2 NAME	ROHAN, DANIEL J. (ASST.)
STREET ADDRESS	920 S MITCHELL	2 3 STREET ADDRESS	17017 AMHERST LANE
CITY ST ZIP	ARLINGTON HEIGHTS IL	2 4 CITY ST ZIP	TINLEY PARK, IL
TITLE	SDV	3 1 TITLE	☐ Change ☐ Addition
NAME	~~LOWRY, DONALD M.~~	3 2 NAME	
STREET ADDRESS	70 MARK DRIVE	3 3 STREET ADDRESS	
CITY ST ZIP	HAWTHORN WOODS IL	3 4 CITY ST ZIP	
TITLE	PD	4 1 TITLE	☐ Change ☐ Addition
NAME	ENGEL, PHILIP L.	4 2 NAME	
STREET ADDRESS	10 EAST SCHILLER STREET	4 3 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL 60610	4 4 CITY ST ZIP	
TITLE	VT	5 1 TITLE	☒ Change ☐ Addition
NAME	RYCROFT, DONALD CAHILL	5 2 NAME	
STREET ADDRESS	1099 PELHAM ROAD	5 3 STREET ADDRESS	1133 Taylorport Lane
CITY ST ZIP	WINNETKA IL	5 4 CITY ST ZIP	Winnetka, IL
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Daniel J. Rohan DANIEL J. ROHAN — 3/28/95 — (312) 822-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477488 FP