

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1926	3a. Date of Last Report 04/17/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

81 Name

82 Street Address (P.O. Box Number) 400N142886924--2

83 -08/14/97--01053--011
****165.00 ****165.00

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME CHOOKASZIAN, DENNIS H.
STREET ADDRESS 1235 WHITEBRIDGE LANE
CITY-ST-ZIP WINNETKA IL 60093

TITLE V
NAME ROHAN, DANIEL J.
STREET ADDRESS 17017 AMHERST LANE
CITY-ST-ZIP TINLEY PARK IL

TITLE SDV
NAME LOWRY, DONALD M.
STREET ADDRESS 79 MARK DRIVE
CITY-ST-ZIP HAWTHORN WOODS IL

TITLE PD
NAME ENGEL, PHILIP L.
STREET ADDRESS 10 EAST SCHILLER STREET
CITY-ST-ZIP CHICAGO IL 60610

TITLE VT
NAME RYCROFT, DONALD CAHILL
STREET ADDRESS 1133 TAYLORPORT LANE
CITY-ST-ZIP WINNETKA IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD
1.2 NAME Chookaszian, Dennis H.
1.3 STREET ADDRESS 1100 Michigan Avenue
1.4 CITY-ST-ZIP Wilmette, IL

2.1 TITLE AV (Asst. Vice President)
2.2 NAME Rohan, Daniel J.
2.3 STREET ADDRESS 17017 Amherst Lane
2.4 CITY-ST-ZIP Tinley Park, IL

3.1 TITLE VD
3.2 NAME Jokiel, Peter E.
3.3 STREET ADDRESS 11N160 Lamont Court
3.4 CITY-ST-ZIP Elgin, IL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE AV (Asst. Vice President)
5.2 NAME Pierce, Cathy J.
5.3 STREET ADDRESS 467 East Hiawatha, #409
5.4 CITY-ST-ZIP Wood Dale, IL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Cathy J. Pierce* REQUIRED Asst. Vice President 08-06-97 312-822-4255

CR2E034 (4/97)

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CNA INSURANCE COMPANIES

CNA Plaza Chicago IL 60685-0001

Mila H. Cruz, Manager
Financial Accounting-21S
Statutory Reporting

August 6, 1997

Telephone 312-822-4650
Facsimile 312-822-2893

Florida Department of State
Annual Reports Department
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Re: 1997 Annual Report and Filing Fee

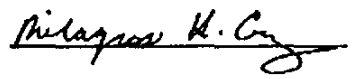
Dear Sir/Madam:

Enclosed are the completed Annual Report Forms and the required filing fee for the Continental Casualty Company and its following subsidiaries:

➤ Continental Casualty Company	\$165.00
➤ Transportation Insurance Company	165.00
➤ National Fire Insurance Company of Hartford	165.00
➤ Transcontinental Insurance Company	165.00
➤ American Casualty Company of Reading, PA	165.00
➤ Valley Forge Insurance Company	165.00
➤ Continental Assurance Company	165.00
➤ Valley Forge Life Insurance Company	165.00
TOTAL	\$1,320.00

If you have any questions or concerns, please do not hesitate to call me.

Sincerely,



Milagros H. Cruz



NOTE: We did not receive the original invoices.
Per Carol Anderson of the Florida
Insurance Department, we only need to
pay \$165.00 for each company.