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

FILED
97 AUG 12 AM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	3a. Date of Last Report
04/06/1926	04/17/1996

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

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

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 Not Acceptable)
83
84 City **FL** 85 Zip Code

400002265324--2
-08/14/97--01053--011
****165.00 ****165.00

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CHOOKASZIAN, DENNIS H. 1235 WHITEBRIDGE LANE WINNETKA IL 60093	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD Chookaszian, Dennis H. 1100 Michigan Avenue Wilmette, IL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROHAN, DANIEL J. 17017 AMHERST LANE TINLEY PARK IL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	AV (Asst. Vice President) Rohan, Daniel J. 17017Amherst Lane Tinley Park, IL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDV LOWRY, DONALD M. 79 MARK DRIVE HAWTHORN WOODS IL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD Jokiel, Peter E. 11N160 Lamont Court Elgin, IL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ENGEL, PHILIP L. 10 EAST SCHILLER STREET CHICAGO IL 60610	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT RYCROFT, DONALD CAHILL 1133 TAYLORPORT LANE WINNETKA IL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	AV(Asst. Vice President) Pierce, Cathy J. 467 East Hiawatha, #409 WoodDale, IL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/97)

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

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CNA INSURANCE COMPANIES

CNA Plaza Chicago IL 60685-0001

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

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

August 6, 1997

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.

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.

Sincerely,

Milagros H. Cruz

Milagros H. Cruz