2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91045 015 ***150.00

DOCUMENT # 802890

1. Entity Name
CONTINENTAL ASSURANCE COMPANY

Principal Place of Business	Mailing Address
CNA PLAZA CHICAGO, IL 60685	CNA PLAZA CHICAGO, IL 60685

04162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	CNA Plaza - 9th floor Suite, Apt. #, etc.
City & State	Chicago, IL
Zip / Country	60685 / Country

4. FEI Number 36-0947200 ☐ 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	CD LILIENTHAL, STEPHEN W 33 KETTERING COURT NORTH BARRINGTON, IL 60010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP HARRING, DEAN CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP HARDEN, CHRISTOPHER CNA P;AZA 365 CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jerry F. Sliwa CNA Plaza	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEUTSCH, ROBERT V 7 PHEASANT HILL FARMINGTON, CT 06032	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP CNA Plaza Chicago, IL 60685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD KANTOR, JONATHAN D 193 OLD ARMY RD SCARSDALE, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP and Secretary CNA Plaza Chicago, IL 60685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVD DEMPSEY, PAMELA S 1805 TRILLIUM LANE RIVERWOODS, IL 60015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP / Treasurer Dennis Hemme CNA Plaza 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: Jerry F Sliwa Jerry F. Sliwa Assistant Vice President 4/21/04 312-822-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #