2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802890

FILED Mar 28, 2011 Secretary of State

Entity Name: CONTINENTAL ASSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

333 S. WABASH AVE. CHICAGO, IL 60604

Current Mailing Address: New Mailing Address:

333 S. WABASH AVE. - 28TH FLOOR 333 S. WABASH AVE. - 43RD FLOOR

CHICAGO, IL 60604 CHICAGO, IL 60604

FEI Number: 36-0947200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title: CEOP

Name: MOTAMED, THOMAS F Address: 333 S WABASH AVE City-St-Zip: CHICAGO, IL 60604

Title: EVPD

Name: PONTARELLI, THOMAS Address: 333 S WABASH AVE City-St-Zip: CHICAGO, IL 60604

Title: CFOD

Name: MENSE, D. CRAIG Address: 333 S WABASH AVE City-St-Zip: CHICAGO, IL 60604

Title: EVPS

Name: KANTOR, JONATHAN D Address: 333 S WABASH AVE City-St-Zip: CHICAGO, IL 60604

Title: SVPT

Name: HEMME, DENNIS R Address: 333 S WABASH AVE City-St-Zip: CHICAGO, IL 60604

Title: SVPD

Name: DARCY, STATHY
Address: 333 S WABASH AVE
City-St-Zip: CHICAGO, IL 60604

I hereby 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 all other like empowered.

SIGNATURE: STATHY DARCY SVPD 03/28/2011