2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# 802890

Entity Name: CONTINENTAL ASSURANCE COMPANY

Current Principal Place of Business:

333 S. WABASH AVE.
CHICAGO, IL 60604

New Principal Place of Business:

Current Mailing Address:

333 S. WABASH AVE. - 43RD FLOOR
CHICAGO, IL 60604

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Title: TSVP
Name: MIRALLES, ALBERT J JR.
Address: 333 S WABASH AVE
City-St-Zip: CHICAGO, IL 60604

Title: SVP
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 SVP 04/25/2012

Electronic Signature of Signing Officer or Director — Date