

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

0144166 AT

DOCUMENT # 802890

1. Entity Name
CONTINENTAL ASSURANCE COMPANY



Principal Place of Business
**CNA PLAZA
CHICAGO IL 60685**

Mailing Address
**CNA PLAZA
CHICAGO IL 60685**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-0947200**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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
HENGESBAUGH, BERNARD L
202 THOMPSON DR
WHEATON IL 60187** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
Lilienthal, Stephen W.
33 Kettering Court
North Barrington, IL 60010** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ALTON, JEFFERY C
127 DAVISON
JOLIET IL 60432** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
HARRING, DEAN
CNA PLAZA
Chicago, IL 60685** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPC
MEHLE, DAVID J
2235 N LAKEWOOD APT D4
CHICAGO IL 60614** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**APP
Christopher Harden
CNA PLAZA 365
Chicago, IL 60685** ☒ 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
☐ 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
☐ 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
☐ 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:

Christopher Harden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)