2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90135 006 ***150.00

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DOCUMENT # 809501

1. Entity Name
CONTINENTAL REINSURANCE CORPORATION

Principal Place of Business	Mailing Address
333 S. WABASH CHICAGO, IL 60685	CNA PLAZA-9TH FLR. CHICAGO, IL 60685

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
CNA Center	CNA Center - 28th floor
Suite, Apt. #, etc. 333 S. Wabash Ave. (60604)	Suite, Apt. #, etc. 333 S. Wabash Ave. (60604)
City & State Chicago, IL	City & State Chicago, IL
Zip / Country 60685 / U.S.A.	Zip / Country 60685 / U.S.A.

4. FEI Number
13-1941984
☐ Applied For
☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	DEVP DEUTSCH, ROBERT V CNA PLAZA CHICAGO, IL 60685	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV/CFO/D D. Craig Mense CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP KANTOR, JONATHAN CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV/S/GC/D CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP LILLENTHAL, STEPHEN CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/CEO/P/D Stephen W. Lilienthal CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGINNIS, ROBERT L CNA PLAZA CHICAGO, IL 60685	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV Jerry F. Sliwa CNA Center, 333 S. Wabash Ave. 660604) Chicago, IL 60685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP PONTARELLI, THOMAS CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 CNA Center, 333 S. Wabash Ave. (60604) Chicago, IL 60685	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HEMME, DENNIS CNA PLAZA CHICAGO, IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 CNA Center, 333 S. Wabash Ave. (60604) 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, Asst. Vice President 4/29/05 312 822-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #