

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Bartholomew
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822335 (6)
1. Corporation Name
CONTINENTAL LOSS ADJUSTING SERVICES, INC.



Principal Place of Business

CNA PLAZA . 43S
333 S. WABASH
CHICAGO IL 60685
US

Mailing Address

CNA PLAZA . 43S
333 S. WABASH
CHICAGO IL 60685
US

2. Principal Place of Business

2a. Mailing Address

21 CNA Plaza 31 S

26 CNA Plaza 31 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 333 S. Wabash

27 333 S. Wabash

City & State

City & State

23 Chicago IL

28 Chicago IL

Zip

Zip

Country

24 60685

29 60685

25 US

30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

01/24/1969

3a. Date of Last Report

11/30/1995

4. FEI Number

36-1892350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date of appointment.

Signature, typed or printed name of officer or director, and date of appointment.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
P	CONWAY, PETER P JR	CNA PLAZA	CHICAGO IL 60685	
SVP	DONNELLY, THOMAS E	CNA PLAZA	CHICAGO IL 60685	
SVP	MURPHY, CAROLYN L	CNA PLAZA	CHICAGO IL 60685	
SVPS	LOWRY, DONALD M	CNA PLAZA	CHICAGO IL 60685	
VP	ANTAO, HELEN	CNA PLAZA	CHICAGO IL 60685	
VP	ANDERSON, THOMAS	CNA PLAZA	CHICAGO IL 60685	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change	☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change	☐ Addition
3. 1. TITLE	3. 2. NAME	3. 3. STREET ADDRESS	3. 4. CITY-ST-ZIP	☐ Change	☐ Addition
4. 1. TITLE	4. 2. NAME	4. 3. STREET ADDRESS	4. 4. CITY-ST-ZIP	☐ Change	☐ Addition
5. 1. TITLE	5. 2. NAME	5. 3. STREET ADDRESS	5. 4. CITY-ST-ZIP	☒ Change	☐ Addition
6. 1. TITLE	6. 2. NAME	6. 3. STREET ADDRESS	6. 4. CITY-ST-ZIP	☐ Change	☒ Addition

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-04/29/96--01089--007
***200.00

3 Farms Glen Boulevard
Farmington CT 06032

Asst. Secretary
Mary A Ribikawski
CNA Plaza
Chicago IL 60685

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ribikawski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ribikawski 328-96 312-822-6312
DATE: 04-29-96
OFFICE PHONE #

CR2E034 (12/95)