FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # 822335 (6)

1. Corporation Name

CONTINENTAL LOSS ADJUSTING SERVICES, INC.

[redacted]

Principal Place of Business	Mailing Address
CNA PLAZA . 333 S. WABASH CHICAGO IL 60685 US	CNA PLAZA . 333 S. WABASH CHICAGO IL 60685 US

3. Date Incorporated or Qualified: 01/24/1969
3a. Date of Last Report: 3/28/96

2. Principal Place of Business: 1 CNA Plaza 21S
2a. Mailing Address: 26 CNA Plaza 21S

Suite, Apt. #, etc.: 22 333 S. Wabash
Suite, Apt. #, etc.: 27 333 S. Wabash

City & State: 23 Chicago IL
City & State: 28 Chicago IL

Zip: 4 60685 Country: 25 US
Zip: 29 60685 Country: 30 US

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83 000002130710
-05/27/97--01005--041

84 City ***165.00 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P, Chair	☒ Change ☐ Addition
NAME	CONWAY, PETER P JR		1.2 NAME	Bernard L. Hengeshaugh	
STREET ADDRESS	CNA PLAZA		1.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	CHICAGO IL 60685		1.4 CITY-ST-ZIP	Chicago, IL 60685	
TITLE	SVP	☐ DELETE	2.1 TITLE	SVP, CFO	☒ Change ☐ Addition
NAME	DONNELLY, THOMAS E		2.2 NAME	Peter E. Jokiel	
STREET ADDRESS	CNA PLAZA		2.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	CHICAGO IL 60685		2.4 CITY-ST-ZIP	Chicago, IL 60685	
TITLE	SVP	☐ DELETE	3.1 TITLE	SVP, Sec	☒ Change ☐ Addition
NAME	MURPHY, CAROLYN L		3.2 NAME	Donald M. Lowry	
STREET ADDRESS	CNA PLAZA		3.3. STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	CHICAGO IL 60685		3.4 CITY-ST-ZIP	Chicago, IL 60685	
TITLE	SVPS	☐ DELETE	4.1 TITLE	VP, T	☒ Change ☐ Addition
NAME	LOWRY, DONALD M		4.2 NAME	Pamela S. Dempsey	
STREET ADDRESS	CNA PLAZA		4.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	CHICAGO IL 60685		4.4 CITY-ST-ZIP	Chicago, IL 60685	
TITLE	VP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ANTAO, HELEN		5.2 NAME		
STREET ADDRESS	CNA PLAZA		5.3 STREET ADDRESS	3 Farms Glen Boulevard	
CITY-ST-ZIP	CHICAGO IL 60685		5.4 CITY-ST-ZIP	Farmington CT 06032	
TITLE		☐ DELETE	6.1 TITLE	Asst.VP,	☒ Change ☐ Addition
NAME			6.2 NAME	Cathy J. Pierce	
STREET ADDRESS			6.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	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)(i), 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: Cathy J. Pierce 5/2/97 312/822-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/14/97