


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90098 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **822335**

1. Corporation Name

CONTINENTAL LOSS ADJUSTING SERVICES, INC.



Principal Place of Business CNA PLAZA 21S 333 S. WABASH CHICAGO IL 60685 US	Mailing Address CNA PLAZA 21S 333 S. WABASH CHICAGO IL 60685 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/24/1969	
		4. FEI Number 36-1892350		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 84 City FL 85 Zip Code	
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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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PC	<input type="checkbox"/> DELETE			
NAME	HENGESHAUGH, BERNARD L				
STREET ADDRESS	CNA PLAZA				
CITY-ST-ZIP	CHICAGO IL 60685				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	CUMMING, DAVID T				
STREET ADDRESS	CNA PLAZA				
CITY-ST-ZIP	CHICAGO IL 60685				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	ROWLEY, THOMAS H				
STREET ADDRESS	CNA PLAZA				
CITY-ST-ZIP	CHICAGO IL 60685				
TITLE	VPTS	<input type="checkbox"/> DELETE			
NAME	DEMPSEY, PAMELA S				
STREET ADDRESS	CNA PLAZA				
CITY-ST-ZIP	CHICAGO IL 60685				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	ROHRER, JEFFERY T				
STREET ADDRESS	CNA PLAZA				
CITY-ST-ZIP	CHICAGO IL 60685				
TITLE	ASVP	<input checked="" type="checkbox"/> DELETE			
NAME	PIERCE, CATHY J				
STREET ADDRESS	CNA PLAZA				
CITY-ST-ZIP	CHICAGO IL 60685				
			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			S Mary A. Ribikawskis		
			CNA Plaza		
			Chicago, IL 60685		

14. 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 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

312-822-3905

Daytime Phone #

CR2E034 (11/98)

0528464

288385-90098-29
822335
CONTINENTAL LOSS ADJUSTING SERVICES, INC.

OFFICERS

Chairman of the Board & President
Senior Vice President
Group Vice President
Group Vice President
Group Vice President
Vice President & Treasurer
Vice President
Vice President
Assistant Vice President
Secretary
Assistant Secretary
Assistant Secretary

Bernard L. Hengesbaugh
Robert Van Giesen
David T. Cumming
Thomas H. Rowley
Rima Skorubskas
Pamela S. Dempsey
Lawrence J. Boysen
Jeffrey T. Rohrer
Steven Harms
Mary A. Ribikawskis
Robert Grob
Robert D. Winkenbach

DIRECTORS

David T. Cumming
Bernard L. Hengesbaugh
James W. MacDonald
Rima Skorubskas

Business Address for all
Officers and Directors is:
CNA Plaza
Chicago, IL 60685