

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

0142897 AB

DOCUMENT # P01957

1. Entity Name

AMERICAN CONTINENTAL LIFE INSURANCE COMPANY

CNA Group Life Assurance Company (eff. 7/12/02)

Principal Place of Business

540 LAKE COOK ROAD
 DEERFIELD IL 60015
 US

Mailing Address

385 WASHINGTON STREET
 SAINT PAUL MN 55102
 US

2. Principal Place of Business

CNA Plaza

Suite, Apt. #, etc.

3. Mailing Address

CNA Plaza

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Chicago, IL

4. FEI Number 73-6095123

Applied For
 Not Applicable

Zip
 60685

Country
 US

Zip
 60685

Country
 US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LEATHERDALE, DOUGLAS W 385 WASHINGTON STREET SAINT PAUL MN 55102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONROY, MICHAEL J 385 WASHINGTON STREET SAINT PAUL MN 55102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMENDOLA, ROBERT J 385 WASHINGTON STREET SAINT PAUL MN 55102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILJENTHAL, STEPHEN W 385 WASHINGTON STREET SAINT PAUL MN 55102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACCOLL, JOHN A 385 WASHINGTON STREET SAINT PAUL MN 55102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BACKBERG, BRUCE A 385 WASHINGTON STREET SAINT PAUL MN 55102	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attached for complete list of additions	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/20/02)

Attachments

Additions to Item 12. Of the Florida 2002 Uniform Business Report (UBR)

Bernard L. Hengesbaugh	DCP
Robert W. Patin	P
Stephen W. Lillenthal	DP
Robert V. James	VP
Thomas Pontarelli	DVP
Robert V. Deutsch	DVP
Karen G. Foley	VP
Jonathan D. Kantor	DVP
Michael Eusco	VP
Peter W. Wilson	VP
Robert L. McGinnis	VP
Debra L. McClenahan	VP
Susan L. McGory	VP
James R. Lewis	VP
Adam M. Hodes	VP
Dean K. Harring	VP
Pamela S. Dempsey	T

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Address for all directors and officers:

CNA Plaza
Chicago, IL 60685