

1.) CORPORATION NAME:

DUE DATE: **8/31/2013**

CONTINENTAL ASSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0013310**

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 S WABASH AVE

CITY/ST/ZIP: CHICAGO, IL 60604

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: THOMAS F. MOTAMED TITLE: P/CEO/CHRMN ADDRESS: 333 S. WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT A. LINDEMANN TITLE: PRES/COO ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY J. SZERLONG TITLE: PRESIDENT ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JONATHAN DAVID KANTOR TITLE: EVP/GC/S ADDRESS: 333 S. WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALBERT J. MIRALLES, JR. TITLE: TREASURER ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LARRY A. HAEFNER TITLE: EVP/CHIEF ACTUA ADDRESS: 333 S. WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: D. CRAIG MENSE TITLE: EVP/CFO ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS PONTARELLI TITLE: EVP/CAO ADDRESS: 333 S. WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STATHY DARCY TITLE: SVP ADDRESS: 333 S. WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GEORGE R. FAY TITLE: EVP ADDRESS: 333 S. WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK I HERMAN TITLE: PRES/COO ADDRESS: 333 S. WABASH AVE. CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ STATHY DARCY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STATHY DARCY, SVP PRINTED NAME AND CORPORATE TITLE	8/12/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		