

1.) CORPORATION NAME:

**The Continental Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **6/30/2011**

SCC ID NO: **F0328858**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 S WABASH AVENUE  
43S

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.

NAME:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
THOMAS F MOTAMED	P/CEO/CHRMN	333 S WABASH AVENUE	CHICAGO, IL 60604-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LARRY A HAEFNER	EXEC VP/CHF ACT	333 S WABASH AVENUE	CHICAGO, IL 60604-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D CRAIG MENSE	EXEC VP/CFO	333 S WABASH AVENUE	CHICAGO, IL 60604-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STATHY DARCY	SVP	333 S WABASH AVE	CHICAGO, IL 60604-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
JONATHAN D KANTOR	EXEC VP/S/GC	333 S WABASH AVENUE	CHICAGO, IL 60604-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME: THOMAS PONTARELLI TITLE: EVP, CAA ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE J BOYSEN TITLE: SVP ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE R FAY TITLE: EVP ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT A LINDERMANN TITLE: P/ COO ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TIMOTHY J SZERLONG TITLE: PRESIDENT ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PETER W WILSON TITLE: PRESIDENT ADDRESS: 1249 S RIVER ROAD CITY/ST/ZIP/CO: CRANBURY, NJ 08512-3603	<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
5/19/2011 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.	