

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213529576

1.) CORPORATION NAME:

**The Continental Insurance Company**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F0328858**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 Matsonford Road  
Suite 200

CITY/ST/ZIP: Radnor, PA 19087

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:	THOMAS F MOTAMED	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO/CHRMN		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	ROBERT A LINDERMANN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/ COO		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	TIMOTHY J SZERLONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	MARK I HERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	333 S. WABASH AVE.		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	LARRY A HAEFNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CHF ACT		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	JONATHAN D KANTOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/S/GC		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		

NAME: D CRAIG MENSE TITLE: EXEC VP/CFO ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALBERT J. MIRALLES, JR. TITLE: TREASURER ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input 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 checked="" type="checkbox"/> DIRECTOR
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: 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: LAWRENCE J BOYSEN TITLE: DIRECTOR ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input type="checkbox"/> OFFICER	<input checked="" 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	6/25/2013 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.		