



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|---|--------------|---|--|--------------|--------------|
| 1. Corporate ID No. 130061 | | 2. Name of Corporation CNA ClaimPlus, Inc. | | | |
| 3. Street Address Principal Business Office CNA Center - 9th Floor | | | City Chicago | State IL | Zip 60685 |
| 4. Business Phone No. 312-822-5000 | | 5. State of Incorporation NEVADA | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A THIRD PARTY ADMINISTRATOR | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name James R. Lewis | | | Vice President Name Dennis Hanne | | |
| Street Address CNA Center | | | Street Address CNA Center | | |
| City Chicago | State IL | Zip 60685 | City Chicago | State IL | Zip 60685 |
| Secretary Name Mary A. Ribukawskis | | | Treasurer Name Dennis Hanne | | |
| Street Address CNA Center | | | Street Address CNA Center | | |
| City Chicago | State IL | Zip 60685 | City Chicago | State IL | Zip 60685 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Steven Munkler | | | Director Name Steven Rodriguez | | |
| Street Address CNA Center | | | Street Address CNA Center | | |
| City Chicago | State IL | Zip 60685 | City Chicago | State IL | Zip 60685 |
| Director Name James R. Lewis | | | Director Name Sally Narey | | |
| Street Address CNA Center | | | Street Address CNA Center | | |
| City Chicago | State IL | Zip 60685 | City Chicago | State IL | Zip 60685 |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 10,000 COMM \$1.00 PAR VALUE | | | 1,000 | Common | \$1.00 |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



130061

| | |
|---------------------------------|-----------|
| File Date | 1-14-05 |
| Check No. | 10226525 |
| By: | <i>rc</i> |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jerry F. Sliva 01/06/2005
Signature of Officer Date
Jerry F. Sliva
Print or Type Name of Officer
Assistant Vice President
Title of Officer

Current Officers & Directors

CNA ClaimPlus, Inc.

| <u>Director</u> | <u>Title</u> |
|---------------------|--------------------------------------|
| Steven Hunckler | Director |
| James R. Lewis | Director |
| Sally Narey | Director |
| Steven Rodriguez | Director |
| | |
| <u>Officer</u> | <u>Title</u> |
| James R. Lewis | Chairman of the Board and President |
| Steven Rodriguez | Senior Vice President |
| Stephen J. Westman | Senior Vice President |
| Dennis R. Hemme | Vice President & Treasurer |
| Steven Hunckler | Vice President |
| Robert J. Grob | Assistant Vice President |
| Mary A. Ribikawskis | Assistant Vice President & Secretary |
| Jerry F. Sliwa | Assistant Vice President |
| David Lehman | Assistant Secretary |
| Leigh Ann Raymondo | Assistant Secretary |
| Sergio Torrico | Assistant Secretary |
| Michael C. Tromello | Assistant Secretary |

**ADDRESS OF ALL
OFFICERS AND DIRECTORS**

**CNA Center
Chicago, Illinois 60685**



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| 4. Business Phone No. 312-822-5000 | | 5. State of Incorporation NEVADA | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A THIRD PARTY ADMINISTRATOR | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name James R. Lewis | | | Vice President Name Dennis Hemme | | |
| Street Address CNA Plaza | | | Street Address CNA Plaza | | |
| City Chicago | State IL | Zip 60685 | City Chicago | State IL | Zip 60685 |
| Secretary Name Mary A. Ribikawskis | | | Treasurer Name Dennis Hemme | | |
| Street Address CNA Plaza | | | Street Address CNA Plaza | | |
| City Chicago | State IL | Zip 60685 | City Chicago | State IL | Zip 60685 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Darryl Coleman | | | Director Name Dean K. Harring | | |
| Street Address CNA Plaza | | | Street Address CNA Plaza | | |
| City Chicago | State IL | Zip 60685 | City Chicago | State IL | Zip 60685 |
| Director Name James R. Lewis | | | Director Name Sally Narey | | |
| Street Address CNA Plaza | | | Street Address CNA Plaza | | |
| City Chicago | State IL | Zip 60685 | City Chicago | State IL | Zip 60685 |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 10,000 COMM \$1.00 PAR VALUE | | | 1,000 | Common | \$ 1.00 |
| | | | | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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| | |
|---------------------------------|------------|
| File Date | 2/26/04 |
| Check No | 0010157264 |
| By: | 18 |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| | |
|---|-----------------|
| Signature of Officer Jerry F. Sliwa | Date 2/23/04 |
| Print or Type Name of Officer Assistant Vice President | |
| Title of Officer | |

CNA ClaimPlus, Inc.

Officer

James R. Lewis
Dean K. Harring
Darryl L. Coleman
John J. Sullivan, Jr.
Dennis Hemme
David Lehman
Robert J. Grob
Mary A. Ribikawskis
Jerry F. Sliwa
Sergio Torrico
Michael C. Tromello
Leigh Ann Raymondo

Title

Chairman of the Board and President
Executive Vice President, Claims
Senior Vice President, Claims
Senior Vice President
Vice President & Treasurer
Assistant Secretary
Assistant Vice President
Assistant Vice President & Secretary
Assistant Vice President
Assistant Secretary
Assistant Secretary
Assistant Secretary

Directors

Darryl Coleman
Dean K. Harring
James R. Lewis
Sally Narey

Address for all of the above:
CNA Plaza
Chicago, IL 60685