

Filing Fee: \$150.00
License Fee: \$15.00 minimum (§7-1.1-124)

ID Number: 130061



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY
(To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is CNA ClaimPlus, Inc.
2. It is incorporated under the laws of Nevada
3. The name, if different, which it elects to use in Rhode Island is:
 - (a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*
CNA ClaimPlus, Inc.
 - (b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:*

4. The date of its incorporation is 10/10/2002 and the period of its duration is Perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is _____
6. The address of its proposed registered office in Rhode Island is 10 Weybosset Street
(Street Address, not P.O. Box)
Providence RI 02903 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)
that address is C T Corporation System
(Name of Agent)
7. The specific purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
See attachment A
8. The names and respective addresses of the directors and officers are:

| | <u>Name</u> | <u>Address</u> |
|----------------|-------------------------|----------------|
| Director | <u>SEE ATTACHMENT B</u> | _____ |
| Director | _____ | _____ |
| President | _____ | _____ |
| Vice President | _____ | _____ |
| Treasurer | _____ | _____ |
| Secretary | _____ | _____ |

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BY [Signature]
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9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 10,000 | Common | n/a | \$1.00 |
| | | | |
| | | | |

10. The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 1,000 | Common | n/a | \$1.00 |
| | | | |
| | | | |

11. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 521,000.
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 %. [divide (b) by (a) and multiply by 100 to obtain the percentage].
12. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 90,000,000.
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 1,000,000.
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0 % [divide (b) by (a) and multiply by 100 to obtain the percentage].
13. This application is accompanied by certified copies of its articles of incorporation and all amendments thereto, duly authenticated by the secretary of state or other authorized officer of the jurisdiction of its incorporation.

Date: 2-10-03

CNA ClaimPlus, Inc.

Print Exact Name of Corporation Making Application

By James R. Lewis

James R. Lewis ☒ President or ☐ Vice President (check one)

By Mary A. Ribikawski

Mary A. Ribikawski ☒ Secretary or ☐ Assistant Secretary (check one)

STATE OF Illinois
COUNTY OF Cook

In Chicago, on this 10th day of February 2003, personally appeared before me James R. Lewis, who, being by me first duly sworn, declared that he/she is the President of the corporation and that he/she signed the foregoing document as such officer of the corporation, and that the statements herein contained are true.

Susan C. Coghlan
Notary Public Susan C. Coghlan
My Commission Expires: 07/19/2003

CORPORATE PURPOSE:

The nature of the business or purposes to be conducted or promoted is to act as a Third Party Administrator and to engage in any lawful act or activity for which corporations may be organized under the Corporation Laws of Nevada, the State of Incorporation, and under the Laws of this State.

Current Officers & Directors**CNA ClaimPlus, Inc.**

| <u>Director</u> | <u>Title</u> |
|-----------------|--------------|
| Darryl Coleman | Director |
| Dean K. Harring | Director |
| James R. Lewis | Director |
| Sally Narey | Director |

| <u>Officer</u> | <u>Title</u> |
|-------------------------|--|
| James R. Lewis | Chairman of the Board and President |
| Dean K. Harring | Executive Vice President, Claims |
| Christopher T. Borgeson | Senior Vice President, Claims |
| Darryl L. Coleman | Senior Vice President, Claims |
| John J. Sullivan, Jr. | Senior Vice President |
| Pamela S. Dempsey | Vice President & Treasurer |
| Steven A. Better | Assistant Vice President & Assistant Treasurer |
| Robert J. Grob | Assistant Vice President |
| Mary A. Ribikawskis | Assistant Vice President & Secretary |
| Jerry F. Sliwa | Assistant Vice President |

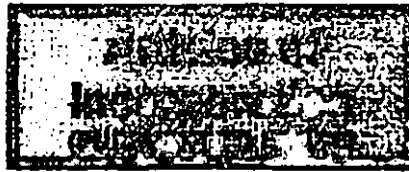
**ADDRESS OF ALL
OFFICERS AND DIRECTORS**

CNA Plaza
Chicago, Illinois 60685



DEAN HELLER
Secretary of State

202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 6708



Office Use Only:

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Important: Read attached instructions before completing form.

IN THE OFFICE OF

DEAN HELLER, SECRETARY OF STATE

| | | | | |
|--|---|-----------|----------|----------|
| 1. Name of Corporation: | CNA ClaimPlus, Inc. | | | |
| 2. Resident Agent Name and Street Address: <small>(must be a Nevada address where process may be served)</small> | The Corporation Trust Company of Nevada | | | |
| | Name | Reno. | NEVADA | 89511 |
| | 6100 Neil Road, Suite 500, | City | | Zip Code |
| 3. Shares: <small>(number of shares corporation authorized to issue)</small> | Number of shares with par value: 10,000 Per value: 1.00 Number of shares without par value: 0 | | | |
| 4. Names, Addresses, Number of Board of Directors/Trustees: | The First Board of Directors/Trustees shall consist of 4 members whose names and addresses are as follows: | | | |
| | 1. James Lewis | | | |
| | Name | Chicago | Illinois | 60685 |
| | CNA Plaza | City | State | Zip Code |
| | 2. Dean Harring | | | |
| | Name | Chicago | Illinois | 60685 |
| | CNA Plaza | City | State | Zip Code |
| | 3. Darryl Coleman | | | |
| | Name | Chicago | Illinois | 60685 |
| | CNA Plaza | City | State | Zip Code |
| | 4. Sally Naray | | | |
| | Name | Chicago | Illinois | 60685 |
| | CNA Plaza | City | State | Zip Code |
| 5. Purpose: <small>(optional - see instructions)</small> | The purpose of this Corporation shall be: | | | |
| 6. Other Matters: <small>(see instructions)</small> | Number of additional pages attached: _____ | | | |
| 7. Names, Addresses and Signatures of Incorporators: <small>(attach additional pages if there are more than 2 incorporators)</small> | Mary A. Ribikawskie | | | |
| | Name | Signature | Illinois | 60685 |
| | CNA Plaza | Chicago | State | Zip Code |
| | Address | | | |
| | Name | Signature | | |
| | Address | | | |
| | City | State | Zip Code | |
| 8. Certificate of Acceptance of Appointment of Resident Agent: | I, the Corporation Trust Company of Nevada hereby accept appointment as Resident Agent for the above named corporation. | | | |
| | James M. Halpin | Date | 10/10/02 | |
| | Authorized Signature of R.A. or Officer of the Corporation | | | |

This form must be accompanied by appropriate fees. See attached fee schedule.

Nevada Secretary of State Form CORP/ST1000.01
Revised on 6/25/01