



**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. 90869		2. Name of Corporation CNA Solution, 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 ILLINOIS			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN INSURANCE AGENCY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark K. Krundick			Vice President Name Dennis Herme		
Street Address CNA Center			Street Address CNA Center		
City Chicago	State IL	Zip 60685	City Chicago	State IL	Zip 60685
Secretary Name Mary A. Ribikauskis			Treasurer Name Dennis Herme		
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 Douglas T. Eden			Director Name Mark K. Krundick		
Street Address CNA Center			Street Address CNA Center		
City Chicago	State IL	Zip 60685	City Chicago	State IL	Zip 60685
Director Name Robert M. Mann			Director Name		
Street Address CNA Center			Street Address		
City Chicago	State IL	Zip 60685	City	State	Zip
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
1,000	\$1,000.00 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



\*90869\*

File Date 1-14-05  
Check No 10226523  
By [Signature]  
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 01/07/05  
Signature of Officer Date

Jerry F. Sliva  
Print or Type Name of Officer  
Assistant Vice President  
Title of Officer

**Current Officers & Directors**

**CNA Solution, Inc.**

<u>Director</u>	<u>Title</u>
Douglas T. Eden	Director
Mark K. Krumdick	Director
Robert M. Mann	Director

<u>Officer</u>	<u>Title</u>
Mark K. Krumdick	Chairman of the Board and President
Douglas T. Eden	Senior Vice President
Lawrence J. Boysen	Senior Vice President
Stephen J. Westman	Senior Vice President
Dennis Hemme	Vice President & Treasurer
Robert J. Grob	Assistant Vice President
Mary A. Ribikawskis	Assistant Vice President & Secretary
Jerry F. Sliwa	Assistant Vice President
David Lehman	Assistant Secretary

Address for all the above officers & directors:  
CNA Center  
Chicago, IL 60685



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90869		2. Name of Corporation CNA Solution, Inc.			
3. Street Address Principal Business Office CNA Plaza 9th floor			City Chicago	State IL	Zip 60685
4. Business Phone No. 312-822-5000		5. State of Incorporation ILLINOIS			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN INSURANCE AGENCY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark K. Krumdick			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 Douglas T. Eden			Director Name Mark K. Krumdick		
Street Address CNA Plaza			Street Address CNA Plaza		
City Chicago	State IL	Zip 60685	City Chicago	State IL	Zip 60685
Director Name Robert M. Mann			Director Name		
Street Address CNA Plaza			Street Address		
City Chicago	State IL	Zip 60685	City	State	Zip
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
1,000	\$1,000.00 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



\* 9 0 8 6 9 \*

File Date 2/26/04  
Check No. 0010013876  
By: [Signature]  
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. Sliwa 2/23/04  
Signature of Officer Date  
Jerry F. Sliwa  
Print or Type Name of Officer  
Assistant Vice President  
Title of Officer

**Current Officers & Directors**

**CNA Solution, Inc.**

Director

Douglas T. Eden  
Mark K. Krumdick  
Robert M. Mann

Title

Director  
Director  
Director

Officer

Mark K. Krumdick  
Douglas T. Eden  
Lawrence J. Boysen  
John J. Sullivan, Jr.  
Dennis Hemme  
Robert J. Grob  
Mary A. Ribikawskis  
Jerry F. Sliwa  
David Lehman

Title

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

Address for all the above officers & directors:  
CNA Plaza  
Chicago, IL 60685



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No **90869** 2 Name of Corporation **CNA Solution, Inc.**

3 Street Address Principal Business Office **CNA Plaza 9 S - H** City **Chicago** State **IL** Zip **60685**  
4 Business Phone No. **312-822-5000** 5. State of Incorporation **ILLINOIS** 6 SIC Code **0**

7 Brief Description of the Character of Business Conducted in Rhode Island

Insurance agency

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Wayne C. Moultrie</b>	Vice President Name <b>Pamela S. Dempsey</b>
Street Address <b>CNA Plaza</b>	Street Address <b>CNA Plaza</b>
City State Zip <b>Chicago IL 60685</b>	City State Zip <b>Chicago IL 60685</b>
Secretary Name <b>Mary A. Ribikawskis</b>	Treasurer Name <b>Pamela S. Dempsey</b>
Street Address <b>CNA Plaza</b>	Street Address <b>CNA Plaza</b>
City State Zip <b>Chicago IL 60685</b>	City State Zip <b>Chicago IL 60685</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Robert M. Mern</b>	Director Name <b>Wayne C. Moultrie</b>
Street Address <b>CNA Plaza</b>	Street Address <b>CNA Plaza</b>
City State Zip <b>Chicago IL 60685</b>	City State Zip <b>Chicago IL 60685</b>
Director Name <b>Warren Stahmer</b>	Director Name
Street Address <b>CNA Plaza</b>	Street Address
City State Zip <b>Chicago IL 60685</b>	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>\$1,000.00</b>	<b>PAR VALUE</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>Common</b>	<b>\$ 1.00</b>

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



\* 9 0 8 6 9 \*

File Date 02-18-03  
Check No 100065155  
By: [Signature]

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 02/14/03

Print or Type Name of Officer Jerry F. Sliwa

Title of Officer Assistant Vice President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

90869 CNA Solution, Inc.

3. Street Address Principal Business Office

CNA Plaza 333 S Wabash - 9S

City

Chicago

State

IL

Zip

60685

4. Business Phone No

312-822-5000

5. State of Incorporation

ILLINOIS

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance agency

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Wayne C. Moultrie

Vice President Name

Lawrence J. Boysen

Street Address

401 Penn Street

Street Address

CNA Plaza

City State Zip

Reading PA 19601

City State Zip

Chicago IL 60685

Secretary Name

Mary A. Ribikawskis

Treasurer Name

Pamela S. Dempsey

Street Address

CNA Plaza

Street Address

CNA Plaza

City State Zip

Chicago IL 60685

City State Zip

Chicago IL 60685

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Robert M. Mann

Director Name

Wayne C. Moultrie

Street Address

CNA Plaza

Street Address

401 Penn Street

City State Zip

Chicago IL 60685

City State Zip

Reading PA 19601

Director Name

Warren Stahmer

Director Name

Street Address

Street Address

CNA Plaza

City State Zip

City State Zip

Chicago IL 60685

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 \$1,000.00 PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares Class/Series 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



\* 9 0 8 6 9 \*

File Date: 2-27-02

Check No.: 34464

By: [Signature]

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] 2/19/02

Robert J. Grob

Assistant Vice President

**Current Officers & Directors**

**CNA Solution, Inc.**

Director

Robert M. Mann  
Wayne C. Moultrie  
Warren Stahmer

Title

Director  
Director  
Director

Officer

Wayne C. Moultrie  
John J. Sullivan, Jr.  
Lawrence J. Boysen

Title

Chairman of the Board & President  
Group Vice President  
Vice President

Pamela S. Dempsey  
Robert J. Grob  
Mary A. Ribikawskis

Vice President & Treasurer  
Assistant Vice President  
Assistant Vice President & Secretary

**Address for all Officers & Directors of the above:**

CNA Plaza  
Chicago, Illinois 60685



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90869**  
 2. Name of Corporation **CNA Solution, Inc.**  
 3. Street Address Principal Business Office  
**CNA Plaza**  
 4. Business Phone No. **312-822-5---**  
 5. State of Incorporation **ILLINOIS**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Insurance agency**

City **Chicago** State **IL** Zip **60685**  
 6. SIC Code **8**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Wayne C. Moultrie**  
 Street Address **401 Penn Street**  
 City **Reading** State **PA** Zip **19601**

Vice President Name **Lawrence J. Boysen**  
 Street Address **CNA Plaza**  
 City **Chicago** State **IL** Zip **60685**

Secretary Name **Mary A. Ribikawskis**  
 Street Address **CNA Plaza**  
 City **Chicago** State **IL** Zip **60685**

Treasurer Name **Pamela S. Dempsey**  
 Street Address **CNA Plaza**  
 City **Chicago** State **IL** Zip **60685**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Robert M. Mann**  
 Street Address **CNA Plaza**  
 City **Chicago** State **IL** Zip **60685**

Director Name **Wayne C. Moultrie**  
 Street Address **401 Penn Street**  
 City **Reading** State **PA** Zip **19601**

Director Name **Warren Stahmer**  
 Street Address **CNA Plaza**  
 City **Chicago** State **IL** Zip **60685**

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**1,000 SHS \$1,000.00 PAR**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
 Number of Shares Class/Series 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



\* 9 0 8 6 9 \*

File Date 1/29  
 Check No. 0537814  
 By SC

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 Shelly C. Cillo Date 1/22/01  
 Print or Type Name of Officer Shelly Cillo  
 Title of Officer Vice President

**Current Officers & Directors**

**CNA Solution, Inc.**

Director

Robert M. Mann  
Wayne C. Moultrie  
Warren Stahmer

Title

Director  
Director  
Director

Officer

Wayne C. Moultrie  
John J. Sullivan, Jr.  
Lawrence J. Boysen  
Shelly Cillo  
Pamela S. Dempsey  
Robert J. Grob  
Mary A. Ribikawskis

Title

Chairman of the Board & President  
Group Vice President  
Vice President  
Vice President  
Vice President & Treasurer  
Assistant Vice President  
Assistant Vice President & Secretary



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90869** 2. Name of Corporation **CNA Solution, Inc.**

3. Street Address Principal Business Office **CNA Plaza** City **Chicago** State **IL** Zip **60685**

4. Business Phone No. **312-822-5000** 5. State of Incorporation **ILLINOIS** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Insurance agency**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Wayne C. Moultrie**  
Street Address **401 Penn Street**  
City **Reading** State **PA** Zip **19601**

Vice President Name **John M. Squarok**  
Street Address **CNA Plaza**  
City **Chicago** State **IL** Zip **60685**

Secretary Name **Mary A. Ribikawskis**  
Street Address **CNA Plaza**  
City **Chicago** State **IL** Zip **60685**

Treasurer Name **Pamela S. Dempsey**  
Street Address **CNA Plaza**  
City **Chicago** State **IL** Zip **60685**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Marvin J. Cashion**  
Street Address **CNA Plaza**  
City **Chicago** State **IL** Zip **60685**

Director Name **Wayne C. Moultrie**  
Street Address **401 Penn Street**  
City **Reading** State **PA** Zip **19601**

Director Name **Warren Stahmer**  
Street Address **CNA Plaza**  
City **Chicago** State **IL** Zip **60685**

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS	\$1,000.00 PAR	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	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



\* 9 0 8 6 9 \*

File Date: 3/1/00

Check No.: 447645

By: [Signature]

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] 2/24/00  
Signature of Officer Date

ROBERT J. GROB  
Print or Type Name of Officer

ASSIST VICE PRESIDENT  
Title of Officer

CNA Solution, Inc.

<u>Director</u>	<u>Title</u>
Marvin J. Cashion	Director
Wayne C. Moultrie	Director
Warren Stahmer	Director

<u>Officer</u>	<u>Title</u>
Wayne C. Moultrie	Chairman of the Board & President
Marvin J. Cashion	Group Vice President
John M. Squarok	Group Vice President
John J. Sullivan, Jr.	Group Vice President
Pamela S. Dempsey	Vice President & Treasurer
Robert J. Grob	Assistant Vice President
Mary A. Ribikawskis	Assistant Vice President & Secretary

Business Address for Officers and Directors:

CNA Plaza  
Chicago, Illinois 60685



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90869  
2. Name of Corporation CNA Solution, Inc.  
3. Street Address Principal Business Office CNA Plaza  
4. Business Phone No. 312-822-5000  
5. State of Incorporation Illinois

City Chicago State Illinois Zip 60685  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
Insurance agency.

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name Ernest Lausier  
Street Address CNA Plaza  
City Chicago State Illinois Zip 60685

Vice President Name Jeff D. Holley  
Street Address CNA Plaza  
City Chicago State Illinois Zip 60685

Secretary Name Mary A. Ribikawskis  
Street Address CNA Plaza  
City Chicago State Illinois Zip 60685

Treasurer Name Pamela S. Dempsey  
Street Address CNA Plaza  
City Chicago State Illinois Zip 60685

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name Ernest Lausier  
Street Address CNA Plaza  
City Chicago State Illinois Zip 60685

Director Name Marvin J. Cashion  
Street Address CNA Plaza  
City Chicago State Illinois Zip 60685

Director Name Warren Stahmer  
Street Address CNA Plaza  
City Chicago State Illinois Zip 60685

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000	Common	\$1.00

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
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

File Date: 8-18-99  
Check No.: 10002004  
By: AMF

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: Robert Grob Date: 8-13-99  
Print or Type Name of Officer: Robert Grob  
Title of Officer: Assistant Vice President

**CNA Solution, Inc.**

**OFFICERS**

Chairman of the Board & President	Ernest Lausier
Group Vice President	Marvin J. Cashion
Group Vice President	John J. Sullivan
Vice President	Wayne C. Moultrie
Vice President & Treasurer	Pamela S. Dempsey
Vice President	Jeff D. Holley
Assistant Vice President	Robert Grob
Assistant Vice President & Secretary	Mary A. Ribikawskis
Assistant Secretary	Robert D. Winkenbach

**DIRECTORS**

Ernest Lausier  
Marvin J. Cashion  
Warren Stahmer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 01963 90869 2. Name of Corporation Continental Solution, Inc.

3. Street Address Principal Business Office CNA Plaza City Chicago State IL Zip 60685  
4. Business Phone No. (312) 822-5000 5. State of Incorporation Illinois 6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island  
Insurance agency

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name Adrian M. Tocklin Vice President Name David T. Cumming  
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 Pamela S. Dempsey  
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)**

Director Name David T. Cumming Director Name Warren Stahmer  
Street Address CNA Plaza Street Address CNA Plaza  
City Chicago State IL Zip 60685 City Chicago State IL Zip 60685  
Director Name Adrian M. Tocklin Director Name None  
Street Address CNA Plaza Street Address None  
City Chicago State IL Zip 60685 City None State None Zip None

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	Common	\$1,000

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	Common	\$1,000

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

File Date 5/21/98

Check No. W116-0091463

By: CC

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

Cathy J. Pierce 2-23-98  
Signature of Officer Date

Cathy J. Pierce  
Print or Type Name of Officer

Vice President  
Title of Officer

# Continental Solution, Inc.

## Officers and Directors

<u>Name</u>	<u>Title</u>	<u>Address</u>
Adrian M. Tocklin	*Chairman & President	CNA Plaza, Chicago, IL 60685
David T. Cumming	*Senior Vice President	CNA Plaza, Chicago, IL 60685
Patricia L. Kubera	Group Vice President & Controller	CNA Plaza, Chicago, IL 60685
David Madigan	Vice President	CNA Plaza, Chicago, IL 60685
Wayne C. Moultrie	Vice President	CNA Plaza, Chicago, IL 60685
Pamela S. Dempsey	Vice President & Treasurer	CNA Plaza, Chicago, IL 60685
Cathy J. Pierce	Vice President	CNA Plaza, Chicago, IL 60685
Daniel J. Rohan	Vice President & Assistant Secretary	CNA Plaza, Chicago, IL 60685
Mary A. Ribikawskis	Secretary	CNA Plaza, Chicago, IL 60685
Robert Grob	Assistant Secretary	CNA Plaza, Chicago, IL 60685
Robert D. Winkenbach	Assistant Secretary	CNA Plaza, Chicago, IL 60685
Warren Stahmer	*Director	CNA Plaza, Chicago, IL 60685

04/97

\* = Director



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **90869** 2. Name of Corporation **Continental Solution, Inc.**  
3. Street Address Principal Business Office **CNA Plaza** City **Chicago** State **Illinois** Zip **60685**  
4. Business Phone No **312-822-5000** 5. State of Incorporation **Illinois** 6. SIC Code **8828**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**To act as Agent for Insurance Companies.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **XX****

President Name <b>Adrian M. Tocklin</b> Street Address <b>CNA Plaza</b> City <b>Chicago</b> State <b>IL</b> Zip <b>60685</b>	Vice President Name <b>Peter E. Jokiel</b> Street Address <b>CNA Plaza</b> City <b>Chicago</b> State <b>IL</b> Zip <b>60685</b>
Secretary Name <b>Mary A. Ribikawskis</b> Street Address <b>CNA Plaza</b> City <b>Chicago</b> State <b>IL</b> Zip <b>60685</b>	Assistant Secretary <b>Pamela S. Dempsey</b> Street Address <b>CNA Plaza</b> City <b>Chicago</b> State <b>IL</b> Zip <b>60685</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **X****

Director Name <b>Peter E. Jokiel</b> Street Address <b>CNA Plaza</b> City <b>Chicago</b> State <b>IL</b> Zip <b>60685</b>	Director Name <b>Donald M. Lowry</b> Street Address <b>CNA Plaza</b> City <b>Chicago</b> State <b>IL</b> Zip <b>60685</b>
Director Name <b>Warren Stahmer</b> Street Address <b>CNA Plaza</b> City <b>Chicago</b> State <b>IL</b> Zip <b>60685</b>	Director Name <b>Adrian M. Tocklin</b> Street Address <b>CNA Plaza</b> City <b>Chicago</b> State <b>IL</b> Zip <b>60685</b>

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>(no series)</b>	<b>NPV</b>	<b>1,000</b>	<b>(no series)</b>	<b>NPV</b>

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

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.

File Date: 4/16/97

Check No.: 107052979

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Mary A. Ribikawskis April 8, 1997  
Signature of Officer Date

**Mary Ribikawskis**  
Print or Type Name of Officer

**Assistant Secretary**  
Title of Officer

**CONTINENTAL SOLUTION, INC.**

**OFFICERS LIST**

Chairman of the Board & President	Adrian M. Tocklin
Senior Vice President and Chief Financial Officer	Peter E. Jokiel
Senior Vice President, Secretary and General Counsel	Donald M. Lowry
Group Vice President and Controller	Patricia L. Kubera
Vice President	David Madigan
Vice President	Wayne C. Moultrie
Vice President and Treasurer	Pamela S. Dempsey
Vice President	Cathy J. Pierce
Vice President and Assistant Secretary	Daniel J. Rohan
Assistant Secretary	Mary A. Ribikawskis
Assistant Secretary	Robert D. Winkenbach

**DIRECTORS**

Peter E. Jokiel  
Donald M. Lowry  
Warren Stahmer  
Adrian M. Tocklin

**ADDRESS FOR ALL  
OFFICERS AND DIRECTORS**

CNA Plaza  
Chicago, Illinois 60685

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO 81963  
2 NAME OF CORPORATION Continental Solution, Inc.  
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE CNA Plaza  
CITY Chicago STATE IL ZIP CODE 60685  
4 BUSINESS PHONE NO 312-822-5000  
5 STATE OF INCORPORATION VIRGINIA  
6 SAC CODE 5702  
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND  
Insurance Agency

**B. NAMES AND ADDRESSES OF THE OFFICERS**

**PRESIDENT NAME** Adrian M. Tocklin  
STREET ADDRESS CNA Plaza  
CITY Chicago STATE IL ZIP CODE 60685  
**VICE PRESIDENT NAME** Peter E. Jokiel  
STREET ADDRESS CNA Plaza  
CITY Chicago STATE IL ZIP CODE 60685  
**SECRETARY NAME** Donald M. Lowry  
STREET ADDRESS CNA Plaza  
CITY Chicago STATE IL ZIP CODE 60685  
**TREASURER NAME** Pamela S. Dempsey  
STREET ADDRESS CNA Plaza  
CITY Chicago STATE IL ZIP CODE 60685

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

**DIRECTOR NAME** Adrian M. Tocklin  
STREET ADDRESS CNA Plaza  
CITY Chicago STATE IL ZIP CODE 60685  
**DIRECTOR NAME** Donald M. Lowry  
STREET ADDRESS CNA Plaza  
CITY Chicago STATE IL ZIP CODE 60685  
**DIRECTOR NAME** Peter E. Jokiel  
STREET ADDRESS CNA Plaza  
CITY Chicago STATE IL ZIP CODE 60685

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
50	Common	\$1	50	Common	\$1

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

*Mary Ribikawskis*  
Signature of Officer

Mary Ribikawskis  
Print or Type Name of Officer

Assistant Secretary  
Title of Officer

File Date: 3/18/96

Check No: W16-0004036

By: *cc/vp*

For Secretary of State Use Only

3/12/96  
Date

**CONTINENTAL SOLUTION, INC.  
OFFICERS AND DIRECTORS**

<b>President and Director</b>	Adrian M. Tocklin CNA Plaza Chicago, IL 60685
<b>Sr. Vice President, Secy., General Counsel, and Director</b>	Donald M. Lowry CNA Plaza Chicago, IL 60685
<b>Sr. Vice President and Director</b>	Peter E. Jokiel CNA Plaza Chicago, IL 60685
<b>Assistant Vice President, and Treasurer</b>	Pamela S. Dempsey CNA Plaza Chicago, IL 60685
<b>Group Vice President and Controller</b>	Patricia L. Kubera CNA Plaza Chicago, IL 60685
<b>Assistant Secretary</b>	Mary A. Ribikawskis CNA Plaza Chicago, IL 60685
<b>Assistant Secretary</b>	Robert Winkenbach CNA Plaza Chicago, IL 60685