

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
 AND  
 FILED

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1997 AUG 18 AM 9:33

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000000437 (2)**  
 1. Corporation Name  
**CLAIMS ADMINISTRATION CORP.**



Principal Place of Business <b>CNA PLAZA 435 CHICAGO IL 60685</b>	Mailing Address <b>CNA PLAZA 435 CHICAGO IL 60685</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 CNA Plaza</b>	2a. Mailing Address <b>26 CNA Plaza</b>	3. Date Incorporated or Qualified <b>01/26/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. <b>Statutory Reporting - 215</b>	4. FEI Number <b>52-1320522</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>Chicago, IL 60685</b>	28 City & State <b>Chicago, IL 60685</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 Zip <b>60685</b>	25 Country <b>US</b>	29 Zip <b>60685</b>	30 Country <b>US</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>700002272867--2</b>
83	<b>-08/20/97-01108--007</b> <b>****165.00 ****165.00</b>
84 City	85 Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPCE</b>	<input type="checkbox"/> DELETE
NAME	<b>WITTLICH, JAE L</b>	
STREET ADDRESS	<b>CNA PLAZA, 40S</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOWRY, DONALD M</b>	
STREET ADDRESS	<b>CNA PLAZA, 40S</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUDDICK, RICHARD E</b>	
STREET ADDRESS	<b>CNA PLAZA, 40S</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMPSEY, PAMELA S</b>	
STREET ADDRESS	<b>CNA PLAZA, 40S</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSH, DANIEL A</b>	
STREET ADDRESS	<b>CNA PLAZA, 40S</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Wittlich, Jae L.</b>	
1.3 STREET ADDRESS	<b>CNA Plaza</b>	
1.4 CITY-ST-ZIP	<b>Chicago, IL, 60685</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kantor, Jonathan D.</b>	
2.3 STREET ADDRESS	<b>CNA Plaza</b>	
2.4 CITY-ST-ZIP	<b>Chicago, IL 60685</b>	
3.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Buddick, Ricard E.</b>	
3.3 STREET ADDRESS	<b>CNA Plaza</b>	
3.4 CITY-ST-ZIP	<b>Chicago, IL 60685</b>	
4.1 TITLE	<b>VT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Dempsey, Pamela S.</b>	
4.3 STREET ADDRESS	<b>CNA Plaza</b>	
4.4 CITY-ST-ZIP	<b>Chicago, IL 60685</b>	
5.1 TITLE	<b>Asst. Secr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Robert Grob</b>	
5.3 STREET ADDRESS	<b>CNA Plaza</b>	
5.4 CITY-ST-ZIP	<b>Chicago, IL 60685</b>	
6.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Pierce, Cathy J.</b>	
6.3 STREET ADDRESS	<b>CNA Plaza</b>	
6.4 CITY-ST-ZIP	<b>Chicago, IL 60685</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Handwritten Signature]* **Robert Grob** 8/18/97 312-822-5194

CR2E034 (4/97)

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**C//AC** **Claims Administration Corporation**

CNA Plaza Chicago IL 60685-0001

Caroline A. Webb  
Tax Accountant  
Corporate Tax

Telephone 312-822-5546  
Facsimile 312-822-2966

August 11, 1997

Department of State  
Division of Corporations  
Attn: Carol Anderson  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Claims Administration  
FEIN 52-1320522

Dear Ms. Anderson:

Please except this report as timely filed since we never received the original form. I have included the payment of \$165.00 agreed upon by you and David Forst in settlement of the fee. If you have any questions please contact me at 312-822-5546.

Sincerely,



Caroline A. Webb

Enc.