

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90184 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000437

1. Corporation Name
CLAIMS ADMINISTRATION CORP.



Principal Place of Business CNA PLAZA 435 STATUTORY REPORTING - 21S CHICAGO IL 60685	Mailing Address CNA PLAZA 435 STATUTORY REPORTING - 21S CHICAGO IL 60685
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1995
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 52-1320522
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
33	34	35	36	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	85 Zip Code	FL

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 _____ DATE _____
Signature, typed or printed in ink of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTLICH, JAE L	1.2 NAME	
STREET ADDRESS	CNA PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JOEL S	2.2 NAME	
STREET ADDRESS	CNA PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDDICK, RICHARD E	3.2 NAME	D David P. McSweeney
STREET ADDRESS	CNA PLAZA	3.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL 60685	3.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, PAMELA S	4.2 NAME	
STREET ADDRESS	CNA PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROB, ROBERT	5.2 NAME	AVP Steven Harms
STREET ADDRESS	CNA PLAZA	5.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL 60685	5.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	AV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, CATHY J	6.2 NAME	S Mary A. Ribikawskis
STREET ADDRESS	CNA PLAZA	6.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL 60685	6.4 CITY-ST-ZIP	Chicago, IL 60685

14. I 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, with all other like empowered.

SIGNATURE: Steven Harms Date: 4-14-99 Jaytyme Phone #: 312-822-3905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)