

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90078 034 \*\*\*150.00

**DOCUMENT # F95000000437**

1. Entity Name

**CLAIMS ADMINISTRATION CORP.**

Principal Place of Business CNA PLAZA 435 STATUTORY REPORTING - <del>95</del> 95 CHICAGO IL 60685	Mailing Address CNA PLAZA 435 STATUTORY REPORTING - <del>95</del> 95 CHICAGO IL 60685-0001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>52-1320522</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITTLICH, JAE L CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, JOEL S CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCSWEENEY, DAVID P CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEMPSEY, PAMELA S CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP HARMS, STEVEN CNA PLAZA CHICAGO IL 60685 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIBIKAWSKIS, MARY A CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Robert Grob CNA Plaza Chicago, IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Grob Robert Grob Date: 4/4/2000 Daytime Phone #: 312-822-5194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

795600000437

80059267

Attachment

**CLAIMS ADMINISTRATION CORP.**

**OFFICERS**

**Chairman & President**  
**Group Vice President**  
**Vice President**  
**Vice President**  
**Vice President and Treasurer**  
**Assistant Vice President**  
**Assistant Vice President & Secretary**

**Jae L. Wittlich**  
**David P. McSweeney**  
**Joel S. Feldman**  
**Thomas Kirkpatrick**  
**Pamela S. Dempsey**  
**Robert Grob**  
**Mary A. Ribikawskis**

**DIRECTORS**

**Joel S. Feldman**

**Jae L. Wittlich**

**David P. McSweeney**

**Business Address for all Officers and Directors Is:**

**CNA Plaza**  
**Chicago, IL 60685**

**4/99**