

<b>DOCUMENT # 822767</b>	
1. Entity Name <b>CNA INVESTOR SERVICES, INC.</b>	

Principal Place of Business <b>CNA PLAZA 34 SOUTH CHICAGO IL 60685 US</b>	Mailing Address <b>CNA PLAZA 34 SOUTH CHICAGO IL 60685 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>100 CNA Drive</b>
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City & State <b>Nashville, TN</b>	City & State <b>Nashville, TN</b>
Zip <b>37214</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>
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4. FEI Number <b>36-2639574</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC LYNN, GUGENHEIM 2500 N LAKEVIEW CHICAGO IL 60614</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AG KURTZ, WILLIAM A 433 NORTH DOVER AVENUE LAGRANGE IL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CHAPON, RONALD S 732 MILLWOOD ST CARY IL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTP HOGAN, KEVIN M 269 WINDING CREEK NAPERVILLE IL 60565</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Stephanie R. Skedge 1114 Biltmore Dr. Nashville, TN 37204</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Carol A. Kuntz 103 Bayview Ct. Hendersonville, TN 37075</b> <input type="checkbox"/> Change <input checked="" 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

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: <b>Stephanie R. Skedge</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Vice President</b> Date <b>1/8/01</b>	<b>615-871-1635</b> Daytime Phone #
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**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90026 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)