2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2005 8:00 am Secretary of State

1. Entity Nan	MENT # F0200000 AIMPLUS, INC.				04-12-2005 90147 041 ***150.00			00			
Principal Plac	ce of Business	Mailing Address	· •								
333 S. WAB		CNA PLAZA									
CHICAGO, IL	60685	STATE SPECIFIC 9 S-H CHICAGO, IL 60685	STATE SPECIFIC 9 S-H								
		CHICAGO, IL 00003						1 1 2 000 1 11 16 10			
2. Principal F	Place of Business	3. Mailing Address CNA Center									
Suite, Apt.	. #, etc.	Suite, Apt. #, etc. State Specific,	Suite, Apt. #, etc. State Specific, 28-S		01122005	Chg-P	CR2E0	34 (10/03)			
City & Stat	te	City & State Chicago, IL			4. FEI Number 16-1633	560		_ 	oplied For ot Applicable		
Zip	Country	Zip	Country			Status Desired	П ;	8.75 Add			
	U.S.A.	60685	U.S.A.	<u></u>				ee Require	d		
	6. Name and Address of Curre	nt Registered Agent	Name		7. Name and A	ddress of New F	Registered A	gent			
CT CORP	ORATION SYSTEM		Name								
1200 S. PI	INE ISLAND RD.		Street A	Address (P.0	D. Box Number	is Not Acceptabl	e)				
PLANTAT	ION, FL 33324				 . <u>-</u>						
			City				FL	Zip Code	ө		
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
FILE NOWIL! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
	ay 1, 2005 Fee will be \$556			Added	to Fees	HANGES TO OFF	FICERS AND	DIRECTORS	S IN 11		
10.	OFFICERS AN	0.00 Trust Fund Contri	bution. 11. IITE	SVPD	to Fees ADDITIONS/CI		FICERS AND	DIRECTORS	S IN 11		
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12. I hereby certify that the information supplied with this lising 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE			4-7-05	312-822-7191
	SIGN	TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	J			

F0200005675

ATTACHMENT Current Officers & Directors

CNA ClaimPlus, Inc.

Director Title Steven Hunckler Director James R. Lewis Director Sally Narey Director Steven Rodriguez Director

Officer

Title

James R. Lewis Chairman of the Board and President Senior Vice President

Steven Rodriguez Stephen J. Westman Senior Vice President Dennis R. Hemme Vice President & Treasurer

Vice President Steven Hunckler

Robert J. Grob **Assistant Vice President**

Mary A. Ribikawskis Assistant Vice President & Secretary

Jerry F. Sliwa Assistant Vice President David Lehman **Assistant Secretary** Leigh Ann Raymondo **Assistant Secretary** Sergio Torrico **Assistant Secretary** Michael C. Tromello **Assistant Secretary**

ADDRESS OF ALL OFFICERS AND DIRECTORS

CNA Center Chicago, Illinois 60685