

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90038 050 \*\*\*150.00

**DOCUMENT # F96000003165**

1. Corporation Name

**CNA HEALTH PARTNERS, INC.**

Principal Place of Business

**CNA PLAZA  
CHICAGO IL 60685**

Mailing Address

**CNA PLAZA  
STATUTORY REPORTING - 21S  
CHICAGO IL 60685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/21/1996**

4. FEI Number

**36-4088829**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DC**  
**WITTICH, JAE L**  
STREET ADDRESS **CNA PLAZA, 40S**  
CITY-ST-ZIP **CHICAGO IL 60685**

TITLE ☐ DELETE

NAME **DV**  
**JOHNSON, THOMAS B**  
STREET ADDRESS **CNA PLAZA**  
CITY-ST-ZIP **CHICAGO IL 60685**

TITLE ☐ DELETE

NAME **DP**  
**MATEJA, GLENN A**  
STREET ADDRESS **CNA PLAZA, 44S**  
CITY-ST-ZIP **CHICAGO IL 60685**

TITLE ☐ DELETE

NAME **V**  
**GENGLER, MICHAEL T**  
STREET ADDRESS **CNA PLAZA**  
CITY-ST-ZIP **CHICAGO IL 60685**

TITLE ☐ DELETE

NAME **VT**  
**DEMPSEY, PAMELA S**  
STREET ADDRESS **CNA PLAZA**  
CITY-ST-ZIP **CHICAGO IL 60685**

TITLE ☒ DELETE

NAME **AV**  
**PIERCE, CATHY J**  
STREET ADDRESS **CNA PLAZA, 43S**  
CITY-ST-ZIP **CHICAGO IL 60685**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**DP**  
**Thomas B. Johnson**  
**CNA Plaza**  
**Chicago, IL 60685**

**D**  
**Glenn A. Mateja**  
**CNA Plaza**  
**Chicago, IL 60685**

**S**  
**Mary A. Ribikawskis**  
**CNA Plaza**  
**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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99  
Date

312-822-3905  
Daytime Phone #

CR2E034 (1/1/98)

306256-90038-50  
CNA HEALTH PARTNERS, INC. F96000003165  
Officers and Directors

OFFICERS

Chairman of the Board	Jae L. Wittlich
President	Thomas B. Johnson
Senior Vice President & Chief Operating Officer	Dan Parker^
Senior Vice President	Kirk B. Johnson
Group Vice President	Harold F. Ronin
Vice President	Michael T. Gengler
Vice President	Lawrence Boysen
Vice President & Treasurer	Pamela S. Dempsey
Assistant Vice President	Steven Harms
Secretary	Mary A. Ribikawskis
Assistant Secretary	Robert J. Grob
Assistant Secretary	Robert Winkenbach

BOARD OF DIRECTORS

Orlo Dietrich^  
Thomas B. Johnson  
Zaven Kazazian  
Glenn A. Mateja  
Dan Parker^  
Jae L. Wittlich  
Thomas Wohlford\*

\*Located at:  
2302 Parklake Drive Northeast  
Suite 600  
Atlanta, Georgia 30345

^Located at:  
CNA Health Partners, Inc.  
27 Corporate Hill Drive  
Little Rock, Arkansas 72205

All others located at:  
CNA  
CNA Plaza  
Chicago, Illinois 60685