

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003165

1. Entity Name

CNA HEALTH PARTNERS, INC.

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

04-12-2000 90078 033 ***150.00

Principal Place of Business

CNA PLAZA
CHICAGO IL 60685

Mailing Address

CNA PLAZA
STATUTORY REPORTING - 215 9S
CHICAGO IL 60685-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4088829**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WITTLICH, JAE L CNA PLAZA, 40S CHICAGO IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, THOMAS B CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATEJA, GLENN A CNA PLAZA, 44S CHICAGO IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GENGLER, MICHAEL T 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	S RIBIKAWSKIS, MARY A CNA PLAZA, 43S CHICAGO IL 60685	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jae L. Wittlich CNA Plaza Chicago, IL 60685	<input checked="" 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		<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:

Robert J. Grob
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Grob

4/4/2000

312-822-5194

Date

Daytime Phone #

CR2E034 (9/99)

CNA HEALTH PARTNERS, INC.

Attachment

OFFICERS

Chairman of the Board & President	Thomas B. Johnson
Vice Chairman of the Board	Orlo Dietrich ^
Senior Vice President	Joe Edwards
Senior Vice President	Kirk B. Johnson
Executive Vice President	Dan Parker ^
Group Vice President	Harold F. Ronin
Vice President & Secretary	Joel S. Feldman
Vice President Marketing	Eddie Choate
Vice President	Michael T. Gengler
Vice President	Kathryn McDowell
Vice President & Treasurer	Pamela S. Dempsey
Assistant Vice President	Robert J. Grob
Assistant Vice President & Assistant Secretary	Mary A. Ribikawskis

Directors

Orlo Dietrich ^
Thomas B. Johnson
Glenn A. Mateja
Dave McSweeney
Jae L. Wittlich

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

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