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C T CORPORATION SYST	EM.				•	
Requestor's Name 660 East Jefferson S Address Tallahassee, FL 323 City State Zip	treet 01 (850)2		30	0003014 -10/14/99 ******70.00	1983 01078007 *****70.	-2 00
CORPOR	ATION(S) N	IAME			 ,	170
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CR2E031 (1-89)

W.P. Verliler

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	al Service Plan, Inc.			 .
(Name of corpo	oration; must include the word "INC	CORPORATED**, "CO	MPANY", "CORPORA	ATION" or
words or abbre	viations of like import in language	as will clearly indicate	that it is a corporation in	istead of a
natural person o	or partnership if not so contained in	the name at present.)		
New Jerse	.y	3.	22-3188117	
	y under the law of which it is incor	porated)	(FEI number, if a	pplicable)
4 8/14/92		5. Perpetual		
	te of incorporation)		ear corp. will cease to ex	rist or "perpetual")
(Da	ic of meorporation)	(- 223711 12== -		• •
6. <u>Upon</u> (Qualification	TET 00000000000000000000000000000000000	E01 (07 1500 and 917	155 DC)
(Date firs	t transacted business in Florida.) (S	SEE SECTIONS 607.	.501, 607.1502 and 617.	155, F.S.)
7. CNA Plaza				
	TT (0/05	-		
Chicago,	IL 60685	"" " " " " " " " " " " " " " " " " " " "	······································	
	(Current)	mailing address)		
8. Any purpo	se authorized under Flo	<u>rida statues.</u>	•	
(Purpose	(s) of corporation authorized in ho	me state or country to	be carried out in state of	Florida)
- -	(. 1 Norma of Vilanida magista	mod agants (D O B	ov or Mail Drop Roy	NOT acceptable 10
9. Name and st	reet address of Florida registe	ereu agent: (r.o. b	OX OI WAIL DIOP DOX;	
Name:	C T Corporation System			≥Ä Ä π
Manie.	C 1 COIPORCORON DI COI		· · · · · · · · · · · · · · · · · · ·	-
Office Address:	1200 South Pine Island	Road	.	
				PH 3: 05 PH 3: 05 EE FLORIB
	Plantation	,,]	Florida, 33324	Eg w
			(Zip code)	P.E. 05
	4			A
10. Registered	agent's acceptance:			
Unviva been nam	ed as registered agent and to acce	ent service of process i	for the above stated corp	oration at the place designated i
this application 1	hereby accent the appointment as	registered agent and	agree to act in this cape	icity. I further agree to compty
with the provision	is of all statutes relative to the pro	per and complete perj	formance of my duties, o	and I am familiar with and accep
the obligations of	my position as registered agent.			
		Z		Francis P. Regan
	Hegist	ered agent's signature	· · · · · · · · · · · · · · · · · · ·	Assistant Secretary

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

Chairman: Please see attached	-
Address:	<u>.</u>
Vice Chairman:	,
,	
	· · · · · · · · · · · · · · · · · · ·
Director	
Director:	
Address:	
Director	
Director:	·
Address:	
B. OFFICERS (Street address only - P.O. Box NO	OT acceptable)
President: Please see attached	•
Address:	
Vice President:	PH 3: 05 PH 3: 05 PH DA
Address:	
	D E -
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: TO THE PROPERTY OF THE P	
NOTE: If necessary, you may attach an addendum to the	
	or any officer listed in number 12 of the application)
4. Mary A. Ribikawskis, Assistant Vic	e President & Secretary
	e and capacity of person signing application)

Officers & Directors

Continental Service Plan, Inc.

Jeffrey C. Moon

Director

H.W. Tripp Marshall Joan B. Saunders Sandra Gray Director, Chairman of the Board & President Executive Vice President & Assistant Secretary Senior Vice President & Chief Financial Officer

Robert Ricky Jones

Senior Vice President

Fatima Andrade Jeff D. Holley

Vice President Vice President

Robert J. Grob

Assistant Vice President

Mary A. Ribikawskis

Assistant Vice President & Secretary

Pamela S. Dempsey

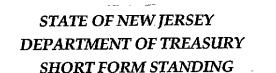
Treasurer

Business address for all Directors & Officers:

CNA Plaza

Chicago, IL 60685

99 OCT 14 PM 3: 05
SECRETARY OF STATE



CONTINENTAL SERVICE PLAN, INC.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on August 14, 1992.

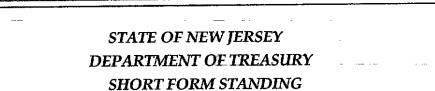
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

The Corporation Trust Company 820 Bear Tavern Road Trenton, NJ 08628

Continued on next page . . .

SECRETARY OF STATE



CONTINENTAL SERVICE PLAN, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of October, 1999

Rdon's mmachels

Roland M Machold Treasurer

SECRETARY OF STATE