2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90319 003 ***150.00 DOCUMENT # F99000005296 CONTINENTAL SERVICE PLAN, INC. 54046448 Principal Place of Business Mailing Address **CNA PLAZA** CNA PLAZA STATE SPECIFIC 9 S-H CHICAGO, IL 60685 CHICAGO, IL 60685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 22-3188117 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. X Change TITLE Delete TITLE Addition Wilson, Peter W. NAME WILSON, PETER NAME STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE RIFE, RANDALL N NAME NAME STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP PCEO TITLE Delete TITLE Change Addition NAME SAUNDERS, JOAN B NAME STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60685 TITLE SVP ☐ Delete TITLE ☐ Change ☐ Addition GRAY, SANDRA NAME NAME STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change JONES, ROBERT R NAME MAME STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP ☐ Change ___ Addition TITLE ☐ Delete TITLE GROB, ROBERT J NAME NAME STREET ADDRESS **CNA PLAZA** STREET ADDRESS CHICAGO, IL 60685 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Jerry F. Sliwa Assistant Vice President

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

312-822-7191

Daytime Phone #

FILED

Current Officers & Directors

Continental Service Plan, Inc.

Director

Joey H. Becker Joan B. Saunders Director Director

Peter W. Wilson

Director

Title

Officer

<u>Title</u>

Joey H. Becker

Chief Operating Officer & Assistant Secretary

Joan B. Saunders

Chief Executive Officer & President Senior Vice President & General Counsel

Jean K. Fleischner Sandra Gray

Senior Vice President & Chief Financial Officer

Robert Ricky Jones

Senior Vice President

Dennis Hemme

Vice President & Treasurer

Randall N. Rife David Lehman

Vice President **Assistant Secretary**

Robert J. Grob

Assistant Vice President

Mary A. Ribikawskis

Assistant Vice President & Secretary

Jerry F. Sliwa

Assistant Vice President

Address for all of the above:

CNA Plaza

Chicago, IL 60685