

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000101280

FILED
Apr 30, 2010
Secretary of State

Entity Name: CNA NATIONAL WARRANTY CORPORATION - FLORIDA

Current Principal Place of Business:

333 S. WABASH AVE.
CHICAGO, IL 60604 US

New Principal Place of Business:

Current Mailing Address:

333 S. WABASH AVE. - 28TH FLOOR
CHICAGO, IL 60604 US

New Mailing Address:

FEI Number: 36-4124829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP
Name: BECKER, JOEY H
Address: 4150 N DRINKWATER BLVD STE 400
City-St-Zip: SCOTTSDALE, AZ 85251

Title: AVP
Name: SMITH, AMY M
Address: 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60604

Title: SVPT
Name: HEMME, DENNIS R
Address: 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60604

Title: CFO
Name: LOUGHLIN, JOHN
Address: 4150 N DRINKWATER BLVD STE 400
City-St-Zip: SCOTTSDALE, AZ 85251

Title: EVPD
Name: OLIVER, DONALD
Address: 4150 N DRINKWATER BLVD STE 400
City-St-Zip: SCOTTSDALE, AZ 85251

Title: AVPS
Name: RIBIKAWSKIS, MARY A
Address: 333 S. WABASH AVE.
City-St-Zip: CHICAGO, IL 60604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMY M. SMITH

AVP

04/30/2010

Electronic Signature of Signing Officer or Director

Date