

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000042492

**Entity Name:** CNA WARRANTY SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**333 SOUTH WABASH  
CHICAGO, IL 60604**Current Mailing Address:**333 SOUTH WABASH  
43RD FLOOR  
CHICAGO, IL 60604 US**FEI Number:** 35-2477734**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :****Title** CHAIRMAN OF THE BOARD, PRES &  
DIRECTOR**Name** LOEBACH, BRIAN J**Address** 333 SOUTH WABASH AVE.**City-State-Zip:** CHICAGO IL 60604**Title** VP & ASST. TREASURER**Name** URBON, TODD R**Address** 333 SOUTH WABASH AVE,**City-State-Zip:** CHICAGO IL 60604**Title** AVP**Name** WARD, CHRISTOPHER S**Address** 333 SOUTH WABASH**City-State-Zip:** CHICAGO IL 60604**Title** SECRETARY**Name** SULIKOWSKI, KATHLEEN**Address** 333 SOUTH WABASH AVE.**City-State-Zip:** CHICAGO IL 60604**Title** VP, DIRECTOR**Name** EHLERS, RICHARD C JR**Address** 333 SOUTH WABASH AVE.**City-State-Zip:** CHICAGO IL 60604**Title** AVP**Name** GROB, ROBERT J**Address** 333 SOUTH WABASH AVE.**City-State-Zip:** CHICAGO IL 60604**Title** VP**Name** MILLS, PAUL W**Address** 333 SOUTH WABASH**City-State-Zip:** CHICAGO IL 60604**Title** ASST. SECRETARY**Name** LEHMAN, DAVID B**Address** 333 S. WABASH AVE.**City-State-Zip:** CHICAGO IL 60604**Continues on page 2**

*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:** KATHLEEN SULIKOWSKI**SECRETARY****04/07/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 HERMAN, MARK I  
Address             333 SOUTH WABASH AVE.  
City-State-Zip:   CHICAGO IL 60604

Title                   SVP  
Name                 BOYSEN, LAWRENCE J  
Address             333 S. WABASH AVE.  
City-State-Zip:   CHICAGO IL 60604

Title                   SVP & TREASURER  
Name                 ADAMS, AMY C.  
Address             333 S. WABASH AVE.  
City-State-Zip:   CHICAGO IL 60604