

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000042492

Entity Name: CNA WARRANTY SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**151 N. FRANKLIN ST.
CHICAGO, IL 60606**Current Mailing Address:**151 N. FRANKLIN ST.
9TH FLOOR
CHICAGO, IL 60606 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** MIRALLES, ALBERT J. JR.**Address** 151 N. FRANKLIN ST.**City-State-Zip:** CHICAGO IL 60606**Title** VP & DIRECTOR**Name** MILLS, PAUL W**Address** 151 N. FRANKLIN ST.**City-State-Zip:** CHICAGO IL 60606**Title** ASST. SECRETARY**Name** LEHMAN, DAVID B**Address** 151 N. FRANKLIN ST.**City-State-Zip:** CHICAGO IL 60606**Title** SVP & CORPORATE CONTROLLER**Name** SMITH, AMY M.**Address** 151 N. FRANKLIN ST.**City-State-Zip:** CHICAGO IL 60606**Title** VP**Name** USHER, MARIE**Address** 151 N. FRANKLIN ST.**City-State-Zip:** CHICAGO IL 60606**Title** AVP & SECRETARY**Name** SULIKOWSKI, KATHLEEN**Address** 151 N. FRANKLIN ST.**City-State-Zip:** CHICAGO IL 60606**Title** SVP & TREASURER**Name** ADAMS, AMY C.**Address** 151 N. FRANKLIN ST.**City-State-Zip:** CHICAGO IL 60606**Title** VP**Name** WONG, JENNIE**Address** 151 N. FRANKLIN ST.**City-State-Zip:** CHICAGO IL 60606**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

AVP & SECRETARY

04/16/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, KEVIN G.
Address 151 N. FRANKLIN ST.
City-State-Zip: CHICAGO IL 60606

Title AVP & ASST. TREASURER
Name LIEBL, AMANDA
Address 151 N. FRANKLIN ST.
City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT
Name MANUEL, JEFFREY
Address 151 N. FRANKLIN ST.
City-State-Zip: CHICAGO IL 60606