No. C 113000		Due no later than Dec 31, 2005		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CT CORP			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CNA SOLUTION, INC. STATE SPECIFIC STATUTORY REPORTING CNA CENTER 223 C. WARDS IL AVE. 200		300 N 6TH ST BOISE ID 83701 0000 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		333 S WABASH AVE 28S CHICAGO IL 60604 0000		3. INCOME REGISTER AGENT SIGNATURE.			
4. Corporations: Enter Nan	mes and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR DIRECTOR DIRECTOR	MARK K KRUMDICK ROBERT M MANN DOUGLAS T EDEN		CNA CENTER 333 S WABASH AVE CNA CENTER 333 S WABASH AVE CNA CENTER 333 S WABASH AVE	CHICAGO CHICAGO CHICAGO	IL IL IL	USA USA USA	60604 60604 60604
SECRETARY MARY A RIE			CNA CENTER 333 S WABASH AVE	CHICAGO	IL	USA	60604
PRESIDENT	MARK K KRI		CNA CENTER 333 S WABASH AVE	CHICAGO	ĪL	USA	60604
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ILLINOIS		Signature: JERRY F. SLIWA		Date: 11/07/2005			
C 113000		Name (type or print): JERRY F. SLIWA		Title: ASSISTANT VICE PRESIDENT			
Processed 11/07/2005 * Electronically provided signatures are accepted as original signatures.							