			∡nnual Rei	aart Carm		2. Registered Agent and Office NO PO BOX			
SECRETARY OF			Annual Report Form				C T CORPORATION SYSTEM		
	SECRETARY OF STATE		1. Mailing Address - Correct in this box, if applicable				300 NORTH 6TH STREET		
700 WEST JEFFERSON		HERT Z CLAIM MANAGEMENT CORPORATION				BOISE, ID 83701			
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Office held	<u>Name</u>	Street	or P.O. Address	<u> </u>	<u>City</u>		<u>State</u>	<u>Zip</u>	
Pres. F	Paul J. Sira	cusa	275 Brae	Blvd.	Park	Ridge	NJ	07656	
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C 110251		Na	me (Typed or Printed)	John Szot			Title As	sst. Secretary	
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