

1.) CORPORATION NAME:

**CNA National Warranty Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

DUE DATE: **8/31/2011**

SCC ID NO: **F1719352**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**AZ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4150 N DRINKWATER BLVD STE 400

CITY/ST/ZIP: SCOTTSDALE, AZ 85251-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOEY H BECKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO PRESIDENT		
ADDRESS:	4150 N DRINKWATER BLVD STE 400		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85251-		
NAME:	DONALD OLIVER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	4150 N DRINKWATER BLVD STE 400		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85251-		
NAME:	BRIAN J LOEBACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 S WABASH AVENUE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-		
NAME:	JOHN LOUGHLIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	333 S WABASH AVE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-		
NAME:	LAWRENCE J BOYSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	333 S WABASH AVE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-		

NAME: RICHARD C EHLERS, JR TITLE: VICE PRESIDENT ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RANDALL N RIFE TITLE: VICE PRESIDENT ADDRESS: 4150 N DRINKWATER BLVD STE 400 CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID B LEHMAN TITLE: ASST SECRETARY ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT J GROB TITLE: AVP ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARY A RIBIKAWSKIS TITLE: SECRETARY ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAWN KANESHIGE TITLE: ASST SECRETARY ADDRESS: 4150 N DRINKWATER BLVD STE 400 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85251-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ MARY A RIBIKAWSKIS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY A RIBIKAWSKIS, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
7/19/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	