

1.) CORPORATION NAME:

CNA Warranty Services, Inc.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1935362**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 S. WABASH AVE.

CITY/ST/ZIP: CHICAGO, IL 60604

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:	BRIAN J. LOEBACH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	333 S. WABASH AVE.		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	RICHARD C. EHLERS, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	333 S. WABASH AVE.		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	TODD R. URBON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS, VP		
ADDRESS:	333 S. WABASH AVE.		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	PAUL W. MILLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	333 S. WABASH AVE.		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	MARY A. RIBIKAWSKIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	333 S. WABASH AVE.		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		
NAME:	MARK I. HERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 S. WABASH AVE.		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J. GROB ASST. VICE PRES 333 S. WABASH AVE. CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER S. WARD ASST. VICE PRES 333 S. WABASH AVE. CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID B. LEHMAN ASST SECRETARY 333 S. WABASH AVE. CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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, PRINTED NAME AND CORPORATE TITLE	6/18/2014 DATE
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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.