

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90075 022 \*\*\*150.00

**DOCUMENT # 803565**

1. Entity Name

**NATIONAL FIRE INSURANCE COMPANY OF HARTFORD**

Principal Place of Business

Mailing Address

**CNA PLAZA  
 CHICAGO IL 60685**

**CNA PLAZA  
 CHICAGO IL 60685-0001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-0464510**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32399**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 TALLAHASSEE FL 32399  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HENGESBAUGH, BERNARD L</b> <b>333 S. WABASH</b> <b>CHICAGO IL 60685</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ENGEL, PHILIP L</b> <b>333 S. WABASH</b> <b>CHICAGO IL 60685</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>MACGINNITIE, W. JAMES</b> <b>333 S. WABASH</b> <b>CHICAGO IL 60685</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TGVP</b> <b>DEMSEY, PAMELA S</b> <b>333 S. WABASH</b> <b>CHICAGO IL 60685</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SSVD</b> <b>KANTOR, JONATHAN D</b> <b>333 S. WABASH</b> <b>CHICAGO IL 60685</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>ALTON, JEFFERY C</b> <b>333 S. WABASH</b> <b>CHICAGO IL 60685</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HENGESBAUGH, BERNARD LEWIS</b> <b>202 THOMPSON DRIVE</b> <b>WHEATON, ILLINOIS 60187</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DUBNICKI, CAROL</b> <b>1015 JACKSON AVENUE</b> <b>RIVER FOREST, ILLINOIS 60305</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DEUTSCH, ROBERT VICTOR</b> <b>7 PHEASANT HILL</b> <b>FARMINGTON, CONNECTICUT 06032</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVD</b> <b>DEMSEY, PAMELA SYLVESTER</b> <b>1805 TRILLIUM LANE</b> <b>RIVERWOODS, ILLINOIS 60015</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>KANTOR, JONATHAN DAVID</b> <b>193 OLD ARMY ROAD</b> <b>SCARSDALE, NEW YORK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALTON, JEFFERY CHARLES</b> <b>127 DAVISON</b> <b>JOLIET, ILLINOIS 60432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2000

Date

312-822-7901

Daytime Phone #



DO NOT WRITE IN THIS SPACE