

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804884

1. Entity Name

AMERICAN CASUALTY COMPANY OF READING PENNSYLVANIA

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

03-28-2000 90065 038 \*\*\*150.00

Principal Place of Business

Mailing Address

CNA PLAZA  
CHICAGO IL 60685

CNA PLAZA  
CHICAGO IL 60685-0001

CMF  
CMF

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

23-0342560

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)

THE CAPITOL BUILDING  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☒ Delete  
NAME ENGEL, PHILIP L  
STREET ADDRESS 333 S WABASH  
CITY-ST-ZIP CHICAGO IL 60685

TITLE VD ☐ Change ☒ Addition  
NAME DUBNICKI, CAROL  
STREET ADDRESS 1015 JACKSON AVENUE  
CITY-ST-ZIP RIVER FOREST, ILLINOIS 60305

TITLE SVPD ☒ Delete  
NAME MACGINNITIE, JAMES W  
STREET ADDRESS 333 S WABASH  
CITY-ST-ZIP CHICAGO IL 60685

TITLE VD ☐ Change ☒ Addition  
NAME DEUTSCH, ROBERT VICTOR  
STREET ADDRESS 7 PHEASANT HILL  
CITY-ST-ZIP FARMINGTON, CONNECTICUT 06032

TITLE CD ☒ Delete  
NAME HENGESBAUGH, BERNARD L  
STREET ADDRESS 333 S WABASH  
CITY-ST-ZIP CHICAGO IL 60685

TITLE CD ☒ Change ☐ Addition  
NAME HENGESBAUGH, BERNARD LEWIS  
STREET ADDRESS 202 THOMPSON DRIVE  
CITY-ST-ZIP WHEATON, ILLINOIS 60187

TITLE TGVP ☒ Delete  
NAME DEMPSEY, PAMELA S  
STREET ADDRESS 333 S WABASH  
CITY-ST-ZIP CHICAGO IL 60685

TITLE TVD ☒ Change ☐ Addition  
NAME DEMPSEY, PAMELA SYLVESTER  
STREET ADDRESS 1805 TRILLIUM LANE  
CITY-ST-ZIP RIVERWOODS, ILLINOIS 60015

TITLE SVPD ☒ Delete  
NAME KANTOR, JONATHAN D  
STREET ADDRESS 333 S WABASH  
CITY-ST-ZIP CHICAGO IL 60685

TITLE SVD ☒ Change ☐ Addition  
NAME KANTOR, JONATHAN DAVID  
STREET ADDRESS 193 OLD ARMY ROAD  
CITY-ST-ZIP SCARSDALE, NEW YORK 10583

TITLE AS ☒ Delete  
NAME ALTON, JEFFERY C  
STREET ADDRESS 333 S WABASH  
CITY-ST-ZIP CHICAGO IL 60685

TITLE S ☒ Change ☐ Addition  
NAME ALTON, JEFFERY CHARLES  
STREET ADDRESS 127 DAVISON  
CITY-ST-ZIP JOLIET, ILLINOIS 60432

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2000

Date

312-822-7901

Daytime Phone #

CR2E034 (9/99)