

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90059 030 \*\*\*150.00

DOCUMENT # 801358

1. Corporation Name

BOSTON OLD COLONY INSURANCE COMPANY

Principal Place of Business

CNA PLAZA  
CHICAGO IL 60685

Mailing Address

CNA PLAZA  
STATUTORY REPORTING  
CHICAGO IL 60685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1920

4. FEI Number

04-6017710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME CHOOKASZIAN, DENNIS H.  
STREET ADDRESS 1100 MICHIGAN AVENUE  
CITY-ST-ZIP WILMETTE IL ☒ DELETE

1.1 TITLE C/D  
1.2 NAME Hengesbaugh, Bernard L  
1.3 STREET ADDRESS 333 S. Wabash  
1.4 CITY-ST-ZIP Chicago, IL 60685 ☐ Change ☒ Addition

TITLE PD  
NAME ENGEL, PHILIP L.  
STREET ADDRESS 10 EAST SCHILLER STREET  
CITY-ST-ZIP CHICAGO IL ☒ DELETE

2.1 TITLE P/D  
2.2 NAME Engel, Philip L  
2.3 STREET ADDRESS 333 S. Wabash  
2.4 CITY-ST-ZIP Chicago, IL 60685 ☒ Change ☐ Addition

TITLE SVP  
NAME JOKIEL, PETER E.  
STREET ADDRESS 11N160 LAMONT COURT  
CITY-ST-ZIP ELGIN IL 60123 ☒ DELETE

3.1 TITLE SVP/D  
3.2 NAME MacGinnitie, W James  
3.3 STREET ADDRESS 333 S. Wabash  
3.4 CITY-ST-ZIP Chicago, IL 60685 ☐ Change ☒ Addition

TITLE AVP  
NAME ROHAN, DANIEL J.  
STREET ADDRESS 17017 AMHERST LANE  
CITY-ST-ZIP TINLEY PARK IL ☒ DELETE

4.1 TITLE AS  
4.2 NAME Alton, Jeffery C  
4.3 STREET ADDRESS 333 S. Wabash  
4.4 CITY-ST-ZIP Chicago, IL 60685 ☐ Change ☒ Addition

TITLE AVP  
NAME PIERCE, CATHY J  
STREET ADDRESS 467 EAST HIAWATHA, #409  
CITY-ST-ZIP WOOD DALE IL ☒ DELETE

5.1 TITLE S/SVP/D  
5.2 NAME Kantor, Jonathan D  
5.3 STREET ADDRESS 333 S. Wabash  
5.4 CITY-ST-ZIP Chicago, IL 60685 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE T/GVP (Group Vice Pres)  
6.2 NAME Dempsey, Pamela S  
6.3 STREET ADDRESS 333 S. Wabash  
6.4 CITY-ST-ZIP Chicago, IL 60685 ☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Jeffery C. Alton 04-23-99

Date

312-822-7901

Daytime Phone #

CR2E034 (1/98)