2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State
03-28-2000 90075 023 ***150.00

DOCUMENT # 802004

1. Entity Name

COMMERCIAL INSURANCE COMPANY OF NEWARK N.J.

Principal Place of Business	Mailing Address
CNA PLAZA CHICAGO IL 60685	CNA PLAZA STATUTORY-REPORTING CHICAGO IL 60685-0001

DO NOT WRITE IN THIS SPACE

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 22-1721944 ☐ 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) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HENGESBAUGH, BERNARD L 33 S WABASH CHICAGO IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HENGESBAUGH, BERNARD LEWIS 202 THOMPSON DRIVE WHEATON, ILLINOIS 60187	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ENGEL, PHILIP L. 33 S WABASH CHICAGO IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUBNICKI, CAROL 1015 JACKSON AVENUE RIVER FOREST, ILLINOIS 60305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD MACGINNITIE, JAMES W 33 S WABASH CHICAGO IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEUTSCH, ROBERT VICTOR 7 PHEASANT HILL FARMINGRON, CONNECTICUT 06032	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ALTON, JEFFERY C 33 S WABASH CHICAGO IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALTON, JEFFERY CHARLES 127 DAVISON JOLIET, ILLINOIS 60432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD KANTOR, JONATHAN D 33 S WABASH CHICAGO IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD KANTOR, JONATHAN DAVID 193 OLD ARMY ROAD SCARSDALE, NEW YORK	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TGVP DEMPSEY, PAMELA S 33 S WABASH CHICAGO IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVD DEMPSEY, PAMELA SYLVESTER 1805 TRILLIUM LANE RIVERWOODS, ILLINOIS 60015	☒ Change ☐ 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: _____ 03-20-2000 312-822-7901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #