2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 802004

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

03-28-2000 90075 023 ***150.00

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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	CD ☒ Delete	TITLE	CD ☒ Change ☐ Addition
NAME	HENGESBAUGH, BERNARD L	NAME	HENGESBAUGH, BERNARD LEWIS
STREET ADDRESS	33 S WABASH	STREET ADDRESS	202 THOMPSON DRIVE
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	WHEATON, ILLINOIS 60187
TITLE	PD ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	ENGEL, PHILIP L.	NAME	DUBNICKI, CAROL
STREET ADDRESS	33 S WABASH	STREET ADDRESS	1015 JACKSON AVENUE
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	RIVER FOREST, ILLINOIS 60305
TITLE	SVPD ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	MACGINNITIE, JAMES W	NAME	DEUTSCH, ROBERT VICTOR
STREET ADDRESS	33 S WABASH	STREET ADDRESS	7 PHEASANT HILL
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	FARMINGRON, CONNECTICUT 06032
TITLE	AS ☒ Delete	TITLE	S ☒ Change ☐ Addition
NAME	ALTON, JEFFERY C	NAME	ALTON, JEFFERY CHARLES
STREET ADDRESS	33 S WABASH	STREET ADDRESS	127 DAVISON
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	JOLIET, ILLINOIS 60432
TITLE	SVPD ☒ Delete	TITLE	SVD ☒ Change ☐ Addition
NAME	KANTOR, JONATHAN D	NAME	KANTOR, JONATHAN DAVID
STREET ADDRESS	33 S WABASH	STREET ADDRESS	193 OLD ARMY ROAD
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	SCARSDALE, NEW YORK
TITLE	TGVP ☒ Delete	TITLE	TVD ☒ Change ☐ Addition
NAME	DEMPSEY, PAMELA S	NAME	DEMPSEY, PAMELA SYLVESTER
STREET ADDRESS	33 S WABASH	STREET ADDRESS	1805 TRILLIUM LANE
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	RIVERWOODS, ILLINOIS 60015

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 #