

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90165 035 \*\*\*150.00

**DOCUMENT # 802852**

1. Entity Name  
**TRANSCONTINENTAL INSURANCE COMPANY**



Principal Place of Business  
**CNA PLAZA  
CHICAGO IL 60685**

Mailing Address  
**CNA PLAZA  
CHICAGO IL 60685**

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 **36-6043106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMAS, PONTARELLI	
STREET ADDRESS	1326 EVERGREEN CT.	
CITY-ST-ZIP	GLENVIEW IL 60028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEUTSCH, ROBERT V	
STREET ADDRESS	7 PHEASANT HILL	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HENGESBAUGH, BERNARD L	
STREET ADDRESS	202 THOMPSON DRIVE	
CITY-ST-ZIP	WHEATON IL 60187	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	DEMPSEY, PAMELA S	
STREET ADDRESS	1805 TRILLIUM LANE	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	KANTOR, JONATHAN D	
STREET ADDRESS	193 OLD ARMY ROAD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALTON, JEFFERY C	
STREET ADDRESS	1200 HICKORY CREEK DR.	
CITY-ST-ZIP	NEW LENOX IL 60451	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Exec V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE	Exec V/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE	C/General Counsel/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jonathan Kantor	
STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE	S/Exec V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Fusco	
STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE	Assistant V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Grob	
STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	Chicago, IL 60685	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Robert J. Grob*  
**Robert J. Grob**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

312-822-5194

Date

Daytime Phone #

CR2E034 (10/02)