

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90017 043 ***150.00

DOCUMENT # 809046

1. Entity Name

KANSAS CITY FIRE & MARINE INSURANCE COMPANY

Principal Place of Business

**CNA PLAZA
 CHICAGO IL 60685**

Mailing Address

**CNA PLAZA
 STATUTORY REPORTING
 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

44-0307890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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.

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, 2002 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

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **HENGESBAUGH, BERNARD L**
 CITY-ST-ZIP **202 THOMPSON DR
 WHEATON IL 60187**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **THOMAS, PONTARELLI**
 CITY-ST-ZIP **1326 EVERGREEN CT
 GLENVIEW IL 60028**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **DEUTSCH, ROBERT V**
 CITY-ST-ZIP **7 PHEASANT HILL
 FARMINGTON CT 06032**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **ALTON, JEFFERY C**
 CITY-ST-ZIP **127 DAVISON
 JOLIET IL 60432**

TITLE ☐ Delete
 NAME **SVD**
 STREET ADDRESS **KANTOR, JOHNATHAN D**
 CITY-ST-ZIP **193 OLD ARMY RD
 SCARSDALE NY**

TITLE ☐ Delete
 NAME **TVD**
 STREET ADDRESS **DEMPSEY, PAMELA S**
 CITY-ST-ZIP **1805 TRILLIUM LANE
 RIVERWOODS IL 60015**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Alton, Jeffery C.**
 CITY-ST-ZIP **1200 Hickory Creek Drive
 New Lenox, IL 60451**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery C. Alton 4/29/02

Date

312-822-7901

Daytime Phone #

CR2E034 (9/01)