

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90010 003 \*\*\*550.00

**DOCUMENT # 811918**

1. Entity Name  
**VALLEY FORGE LIFE INSURANCE COMPANY**

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

**C0076698**



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 **23-6200031** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 HENGESBAUGH, BERNARD L**  
 STREET ADDRESS **202 THOMPSON DRIVE**  
 CITY-ST-ZIP **WHEATON IL 60187**

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

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

TITLE ☒ Delete  
 NAME **VD DUBNICKI, CAROL**  
 STREET ADDRESS **1015 JACKSON AVE.**  
 CITY-ST-ZIP **RIVER FOREST IL 60305**

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

TITLE ☐ Delete  
 NAME **SVD KANTOR, JONATHAN V**  
 STREET ADDRESS **193 OLD ARMY ROAD**  
 CITY-ST-ZIP **SCARSDALE NY**

## 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 **VP and Controller**  
 STREET ADDRESS **David J. Mehle**  
 CITY-ST-ZIP **2235 N. LAKEWOOD APT. 64**  
**Chicago, IL 60614**

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

Date **9-05-01** Daytime Phone # **(312) 822-1164**

CR2E034 (5/01)