

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820377

1. Entity Name

THE BUCKEYE UNION INSURANCE COMPANY

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

03-28-2000 90065 035 ***150.00

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

4. FEI Number

31-0708754

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
NAME HENGESBAUGH, BERNARD L
STREET ADDRESS 333 S WABASH
CITY-ST-ZIP CHICAGO IL

TITLE CD ☒ Change ☐ Addition
NAME HENGESBAUGH, BERNARD LEWIS
STREET ADDRESS 202 THOMPSON DRIVE
CITY-ST-ZIP WHEATON, ILLINOIS 60187

TITLE PD ☒ Delete
NAME ENGEL, PHILIP L.
STREET ADDRESS 333 S WABASH
CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ Change ☒ Addition
NAME DUBNICKI, CAROL
STREET ADDRESS 1015 JACKSON AVENUE
CITY-ST-ZIP RIVER FOREST, ILLINOIS 60305

TITLE AS ☒ Delete
NAME ALTON, JEFFERY C
STREET ADDRESS 333 S WABASH
CITY-ST-ZIP CHICAGO IL

TITLE AS ☒ Change ☐ Addition
NAME ALTON, JEFFERY CHARLES
STREET ADDRESS 127 DAVISON
CITY-ST-ZIP JOLIET, ILLINOIS 60432

TITLE SVPD ☒ Delete
NAME KANTOR, JONATHAN D
STREET ADDRESS 333 S WABASH
CITY-ST-ZIP CHICAGO IL

TITLE SVD ☒ Change ☐ Addition
NAME KANTOR, JONATHAN DAVID
STREET ADDRESS 193 OLD ARMY ROAD
CITY-ST-ZIP SCARSDALE, NEW YORK 10583

TITLE SVPD ☒ Delete
NAME MACGINNITIE, JAMES W
STREET ADDRESS 333 S WABASH
CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ Change ☒ Addition
NAME DEUTSCH, ROBERT VICTOR
STREET ADDRESS 7 PHEASANT HILL
CITY-ST-ZIP FARMINGTON, CONNECTICUT 06032

TITLE TGVP ☒ Delete
NAME DEMPSEY, PAMELA S
STREET ADDRESS 333 S WABASH
CITY-ST-ZIP CHICAGO IL

TITLE TVD ☒ Change ☐ Addition
NAME DEMPSEY, PAMELA SYLVESTER
STREET ADDRESS 1805 TRILLIUM LANE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2000

Date

312-822-7901

Daytime Phone #

CR2E034 (9/99)