

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 824025 (1)
1. Corporation Name
**NATIONAL-BEN FRANKLIN INSURANCE COMPANY OF ILLIN
OIS**

Principal Place of Business CNA PLAZA CHICAGO IL 60685	Mailing Address CNA PLAZA CHICAGO IL 60685
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1970

4. FEI Number

13-2611663

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENGEL, PHILIP	
STREET ADDRESS	10 EAST SCHILLER STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHOOKASZIAN, DENNIS H	
STREET ADDRESS	1100 MICHIGAN AVENUE	
CITY-ST-ZIP	WILMETTE IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOKIEL, PETER E	
STREET ADDRESS	11N160 LAMONT COURT	
CITY-ST-ZIP	ELGIN IL	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	PIERCE, CAHTY J	
STREET ADDRESS	467 EAST HIAWATHA, #409	
CITY-ST-ZIP	WOOD DALE IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARNER, MICHAEL C	
STREET ADDRESS	208 SURREY LANE	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHARKEY, WILLIAM H JR.	
STREET ADDRESS	650 WASHINGTON PLACE	
CITY-ST-ZIP	GLENCOE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVP (Senior Vice President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jokiel, Peter E.	
1.3 STREET ADDRESS	11N160 Lamont Court	
1.4 CITY-ST-ZIP	Elgin, IL 60123	
2.1 TITLE	SVP (Senior Vice President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Garner, Michael C.	
2.3 STREET ADDRESS	208 Surrey Lane	
2.4 CITY-ST-ZIP	Lake Forest, IL 60045	
3.1 TITLE	SVP (Senior Vice President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sharkey, William J. Jr.	
3.3 STREET ADDRESS	650 Washington Place	
3.4 CITY-ST-ZIP	Glencoe, IL 60022	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)