

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90059 007 \*\*\*150.00

DOCUMENT # 824025

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

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip 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

FL

85 Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	ENGEL, PHILIP	10 EAST SCHILLER STREET	CHICAGO IL	<input checked="" type="checkbox"/>
CD	CHOOKASZIAN, DENNIS H	1100 MICHIGAN AVENUE	WILMETTE IL	<input checked="" type="checkbox"/>
SVP	JOKIEL, PETER E	11N160 LAMONT COURT	ELGIN IL 60123	<input checked="" type="checkbox"/>
AVP	PIERCE, CAHTY J	467 EAST HIAWATHA, #409	WOOD DALE IL	<input checked="" type="checkbox"/>
SVP	GARNER, MICHAEL C	208 SURREY LANE	LAKE FOREST IL 60045	<input checked="" type="checkbox"/>
SVP	SHARKEY, WILLIAM J JR	650 WASHINGTON PLACE	GLENCOE IL 60022	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5
P/D	Engel, Philip L	333 S. Wabash	Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
C/D	Hengesbaugh, Bernard L	333 S. Wabash	Chicago, IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SVP/D	MacGinnitie, W James	333 S. Wabash	Chicago, IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
AS	Alton, Jeffery C	333 S. Wabash	Chicago, IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S/SVP/D	Kantor, Jonathan D	333 S. Wabash	Chicago, IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T/GVP (Group Vice Pres)	Dempsey, Pamela S	333 S. Wabash	Chicago, IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

Jeffery C. Alton

Jeffery C. Alton

04-23-99

312-822-7901

Date

Daytime Phone #

CR2E034 (11/98)