

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2000 90065 030 ***150.00

DOCUMENT # 824025

1. Entity Name

NATIONAL-BEN FRANKLIN INSURANCE COMPANY OF ILLIN

Principal Place of Business

Mailing Address

**CNA PLAZA
 CHICAGO IL 60685**

**CNA PLAZA
 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 **13-2611663**

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
 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 **PD** ☒ Delete
 NAME **ENGEL, PHILIP**
 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 **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 **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 **AS** ☒ Delete
 NAME **ALTON, JEFFERY C**
 STREET ADDRESS **333 S WABASH**
 CITY-ST-ZIP **CHICAGO IL**

TITLE **S** ☒ 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 **TGVP** ☒ Delete
 NAME **DEMPSEY, PAMALA 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 information 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)