

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824025

1. Entity Name

NATIONAL-BEN FRANKLIN INSURANCE COMPANY OF ILLIN

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90355 004 ***150.00

Principal Place of Business
CNA PLAZA
CHICAGO IL 60685

Mailing Address

CNA PLAZA
CHICAGO IL 60685

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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	DUBNICKI, CAROL	
STREET ADDRESS	1015 JACKSON AVE	
CITY-ST-ZIP	RIVER FOREST IL 60305	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HENGESVAUGH, BERNARD L	
STREET ADDRESS	202 THOMPSON DR	
CITY-ST-ZIP	WHEATON IL 60187	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEUTSCH, ROBERT V	
STREET ADDRESS	7 PHEASANT HILL	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALTON, JEFFERY C	
STREET ADDRESS	127 DAVISON	
CITY-ST-ZIP	JOLIET IL 60432	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	KANTOR, JONATHAN D	
STREET ADDRESS	193 OLD ARMY RD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	DEMPSEY, PAMELA S	
STREET ADDRESS	1805 TIRLLIUM LN	
CITY-ST-ZIP	RIVERWOODS IL 60015	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PONTARELLI	
STREET ADDRESS	1326 EVERGREEN COURT	
CITY-ST-ZIP	GLENVIEW, IL 60028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001

Date

312-822-7901

Daytime Phone #

CR2E034 (10/00)

0568049