

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90165 049 \*\*\*150.00

**DOCUMENT # 824025**

1. Entity Name

**NATIONAL-BEN FRANKLIN INSURANCE COMPANY OF ILLINOIS**



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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete  
NAME **PONTARELLI, THOMAS**  
STREET ADDRESS **1326 EVERGREEN COURT**  
CITY-ST-ZIP **GLENVIEW IL 60028**

TITLE **EV/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **CNA Plaza**  
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **CD** ☐ Delete  
NAME **HENGESVAUGH, BERNARD L**  
STREET ADDRESS **202 THOMPSON DR**  
CITY-ST-ZIP **WHEATON IL 60187**

TITLE **C/CEO/P/D** ☒ Change ☐ Addition  
NAME **Stephen W. Lilienthal**  
STREET ADDRESS **CNA Plaza**  
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **VD** ☐ Delete  
NAME **DEUTSCH, ROBERT V**  
STREET ADDRESS **7 PHEASANT HILL**  
CITY-ST-ZIP **FARMINGTON CT 06032**

TITLE **EV/CFO/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **CNA Plaza**  
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **S** ☐ Delete  
NAME **ALTON, JEFFERY C**  
STREET ADDRESS **1200 HICKORY CREEK DRIVE**  
CITY-ST-ZIP **NEW LENOX IL 60451**

TITLE **AV** ☒ Change ☐ Addition  
NAME **Robert J. Grob**  
STREET ADDRESS **CNA Plaza**  
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **SVPD** ☐ Delete  
NAME **KANTOR, JONATHAN D**  
STREET ADDRESS **193 OLD ARMY RD**  
CITY-ST-ZIP **SCARSDALE NY**

TITLE **S/EV/General Counsel/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **CNA Plaza**  
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **TVD** ☐ Delete  
NAME **DEMPSEY, PAMELA S**  
STREET ADDRESS **1805 TIRLLIUM LN**  
CITY-ST-ZIP **RIVERWOODS IL 60015**

TITLE **T/V** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **CNA Plaza**  
CITY-ST-ZIP **Chicago, IL 60685**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert J. Grob**

4/21/03

312-822-5194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)