

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839751

1. Entity Name

THE GLENS FALLS INSURANCE COMPANY

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

03-28-2000 90075 024 ***150.00

Principal Place of Business

CNA PLAZA
CHICAGO IL 60685

Mailing Address

CNA PLAZA
STATUTORY REPORTING
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

13-2666900

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
THE 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 NAME STREET ADDRESS CITY-ST-ZIP	CD HENGESBAUGH, BERNARD L 333 S WABASH CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, PHILIP L 333 S WABASH CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD MACGINNITIE, JAMES W 333 S WABASH CHICAGO IL 60123	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ALTON, JEFFERY C 333 S WABASH CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD KANTOR, JONATHAN 333 S WABASH CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TGVP DEMPSEY, PAMALA S 333 S WABASH CHICAGO IL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HENGESBAUGH, BERNARD LEWIS 202 THOMPSON DRIVE WHEATON, ILLINOIS 60187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUBNICKI, CAROL ENGEL, PHILIP L 1015 JACKSON AVENUE S WABASH RIVER FOREST, ILLINOIS 60305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEUTSCH, ROBERT VICTOR 7 PHEASANT HILL FARMINGTON, CONNECTICUT 06032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALTON, JEFFERY CHARLES JEFFERY C 127 DAVISON JOLIET, ILLINOIS 60432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD KANTOR, JONATHAN DAVID 193 OLD ARMY ROAD S WABASH SCARSDALE, NEW YORK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD DEMPSEY, PAMELA SYLVESTER 1805 TRILLIUM LANE S WABASH RIVERWOODS, ILLINOIS 60015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

03-20-2000

Date

312-822-7901

Daytime Phone #