

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90017 044 ***150.00

DOCUMENT # 839751

1. Entity Name

THE GLENS FALLS INSURANCE COMPANY

Principal Place of Business

**CNA PLAZA
CHICAGO IL 60685**

Mailing Address

**CNA PLAZA
STATUTORY REPORTING
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

13-2666900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

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, 2002 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

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **THOMAS, PONTARELLI**
CITY-ST-ZIP **1328 EVERGREEN COURT
GLENVIEW IL 60028**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ALTON, JEFFERY C**
CITY-ST-ZIP **127 DAVISON
JOLIET IL 60432**

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

TITLE ☐ Delete
NAME **TVD**
STREET ADDRESS **DEMPSEY, PAMALA S**
CITY-ST-ZIP **1805 TRILLIUM LANE
RIVERWOODS IL 60015**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Alton, Jeffery C.**
CITY-ST-ZIP **1200 Hickory Creek Drive
New Lenox, IL 60451**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery C. Alton

4/29/02

Date

312-822-7901

Daytime Phone #

CR2E034 (9/01)