

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2000 90075 026 ***150.00

DOCUMENT # 839756

1. Entity Name

NIAGARA FIRE INSURANCE COMPANY

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

13-5277930

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

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENGESBAUGH, BERNARD LEWIS	
STREET ADDRESS	202 THOMPSON DRIVE	
CITY-ST-ZIP	WHEATON, ILLINOIS 60187	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBNICKI, CAROL ENGEL, PHILIP L	
STREET ADDRESS	1015 JACKSON AVENUE	
CITY-ST-ZIP	RIVER FOREST, ILLINOIS 60305	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEUTSCH, ROBERT VICTOR	
STREET ADDRESS	7 PHEASANT HILL	
CITY-ST-ZIP	FARMINGTON, CONNECTICUT 06032	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTON, JEFFERY CHARLES	
STREET ADDRESS	127 DAVISON	
CITY-ST-ZIP	JOLIET, ILLINOIS 60432	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR, JONATHAN DAVID	
STREET ADDRESS	193 OLD ARMY ROAD	
CITY-ST-ZIP	SCARSDALE, NEW YORK 10583	
TITLE	TVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2000

Date

312-822-7901

Daytime Phone #