

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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

TITLE VD ☐ Delete  
NAME DUBNICKI, CAROL  
STREET ADDRESS 1015 JACKSON AVE  
CITY-ST-ZIP RIVER FOREST IL 60305

TITLE VP ☒ Change ☐ Addition  
NAME THOMAS, PONTARELLI  
STREET ADDRESS 1326 EVERGREEN COURT  
CITY-ST-ZIP GLENVIEW, IL 60028

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

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

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

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

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

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

TITLE TGVP ☐ Delete  
NAME DEMPSEY, PAMELA S  
STREET ADDRESS 1805 TRILLIUM LN  
CITY-ST-ZIP DEERFIELD IL 60015

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001

Date

312-822-7901

Daytime Phone #

CR2E034 (10/00)

0568042

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

04-30-2001 90355 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE