

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004772

1. Entity Name

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Principal Place of Business

215 W. DIEHL RD.  
NAPERVILLE IL 60563

Mailing Address

215 W. DIEHL RD.  
NAPERVILLE IL 60563

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 36-3529298

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  
TALLAHASSEE FL 32399-0300

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 D ☐ Delete  
NAME BUTH, DAVID M  
STREET ADDRESS 421 S CHARLES  
CITY-ST-ZIP NAPERVILLE IL 60540

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

TITLE C ☐ Delete  
NAME FERGUS, MICHAEL P  
STREET ADDRESS 6640 SPRINGSIDE AVE.  
CITY-ST-ZIP DOWNERS GROVE IL 60516

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

TITLE VD ☐ Delete  
NAME FELBEIN, MARSHALL B  
STREET ADDRESS 2429 RIVERWOODS DR  
CITY-ST-ZIP NAPERVILLE IL 60565

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

TITLE S ☐ Delete  
NAME HENRY, ROBERT J  
STREET ADDRESS 200 E 5TH AVE  
CITY-ST-ZIP NAPERVILLE IL 60563

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

TITLE VPT ☒ Delete  
NAME DE LUCA, NANETTE  
STREET ADDRESS 1098 OXFORD LANE  
CITY-ST-ZIP WHEATON IL 60187

TITLE T ☐ Change ☒ Addition  
NAME RONALD L. MIKLEWSKI  
STREET ADDRESS 12120 WEIGELA CT  
CITY-ST-ZIP FORT WAYNE, IN 46814

TITLE PD ☐ Delete  
NAME WRITT, LAWRENCE A  
STREET ADDRESS 1215 YORKSHIRE CT  
CITY-ST-ZIP WHEATON IL 60187

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 empowerments.

SIGNATURE:

LAWRENCE A. WRITT

4-25-01

Date

630-717-3565

Daytime Phone #

CR2E034 (10/00)

0598223



DO NOT WRITE IN THIS SPACE