

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAR 16 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **480779** (8)

1. Corporation Name
TROY FAIN - INSURANCE, INC.

Principal Place of Business: **1147 E TENNESSEE STREET P O BOX 747 TALLAHASSEE FL 32302-0747**

Mailing Address: **1147 E TENNESSEE STREET P O BOX 747 TALLAHASSEE FL 32302-0747**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified: **07/17/1975**

3a. Date of Last Report: **02/03/1994**

4. FEI Number: **59-1630046**

Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**HUDSON, EDWIN R.
117 S. GADSDEN STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	KIRBY, JOE P.
STREET ADDRESS	101 S. PHILLIPS AVE
CITY-ST-ZIP	SIoux FALLS SD
TITLE	EVPS
NAME	KIRBY, DAN L.
STREET ADDRESS	101 S. PHILLIPS AVE
CITY-ST-ZIP	SIoux FALLS SD
TITLE	D
NAME	ROSENBERG, SHEL Z
STREET ADDRESS	TWO N RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	EVPD
NAME	ESSELBORN, BRUCE A.
STREET ADDRESS	1400 LAKE HEARN DR, STE 130
CITY-ST-ZIP	ATLANTA GA
TITLE	VPD
NAME	GREENBERG, ARTHUR A.
STREET ADDRESS	TWO N RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	VPSD
NAME	ROBERTSON, MARY JANE
STREET ADDRESS	1400 LAKE HEARN DR
CITY-ST-ZIP	ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip E. Lundy* Philip E. Lundy 3-3-95 (605) 336-0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR