

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90009 037 ***150.00

DOCUMENT # 480779

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

3. Date Incorporated or Qualified

07/17/1975

4. FEI Number

59-1630046

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KIRBY, JOE P.
STREET ADDRESS 101 S. PHILLIPS AVE
CITY-ST-ZIP SIOUX FALLS SD 57104

TITLE CVSD ☐ DELETE
NAME KIRBY, DAN L.
STREET ADDRESS 101 S. PHILLIPS AVE
CITY-ST-ZIP SIOUX FALLS SD 57104

TITLE PD ☐ DELETE
NAME PATE, STEPHEN T
STREET ADDRESS 101 S PHILLIPS AVE
CITY-ST-ZIP SIOUX FALLS SD 57104

TITLE EVPD ☒ DELETE
NAME ESSELBORN, BRUCE A.
STREET ADDRESS 115 PERIMETER CENTER TERRACE, #1190
CITY-ST-ZIP ATLANTA GA

TITLE VPD ☒ DELETE
NAME GREENBERG, ARTHUR A.
STREET ADDRESS TWO N RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE VPSD ☒ DELETE
NAME ROBERTSON, MARY JANE
STREET ADDRESS 115 PERIMETER CENTER TERRACE, #1190
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME John Heneghan
4.3 STREET ADDRESS CNA Plaza
4.4 CITY-ST-ZIP Chicago, IL 60685

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Mark C. Vonnahme
5.3 STREET ADDRESS CNA Plaza
5.4 CITY-ST-ZIP Chicago, IL 60685

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D/V
6.3 STREET ADDRESS Thomas A. Pottle
6.4 CITY-ST-ZIP CNA Plaza
Chicago, IL 60685

14. 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 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, with all other like empowered.

SIGNATURE:

Arthur A. Greenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

(605) 336-0850

Date

Daytime Phone #

CR2E034 (11/98)

546709-90009-37
480779

TROY FAIN - INSURANCE, INC.

OFFICERS (con't)

Kim R. Gross, Assistant Secretary, 101 South Phillips Avenue, Sioux Falls, SD 57104-6703

Kathryn J. Schroeder, Assistant Secretary, 101 South Phillips Avenue, Sioux Falls, SD
57104-6703

Bradley D. Vaughn, Assistant Secretary, 101 South Phillips Avenue, Sioux Falls, SD
57104-6703

546769-40004-31
480779

TROY FAIN - INSURANCE, INC.

DIRECTORS

John Heneghan, CNA Plaza, Chicago, IL, 60685

Dan L. Kirby, 101 South Phillips Avenue, Sioux Falls, SD 57104-6703

Joe P. Kirby, 101 South Phillips Avenue, Sioux Falls, SD 57104-6703

Paul Lively, CNA Plaza, Chicago, IL 60685

Stephen T. Pate, 101 South Phillips Avenue, Sioux Falls, SD 57104-6703

Thomas A. Pottle, CNA Plaza, Chicago, IL, 60685

Mark C. Vonnahme, CNA Plaza, Chicago, IL, 60685

OFFICERS

Mark C. Vonnahme, Chief Executive Officer, CNA Plaza, Chicago, IL, 60685

**Dan L. Kirby, Chairman of the Board, Executive Vice President, General Counsel and Secretary,
101 South Phillips Avenue, Sioux Falls, SD 57104-6703**

**Stephen T. Pate, President and Chief Operating Officer, 101 South Phillips Avenue, Sioux Falls,
SD 57104-6703**

Larry A. Kasten, Vice President, 101 South Phillips Avenue, Sioux Falls, SD 57104-6703

Paul T. Lively, Vice President and Assistant Secretary, CNA Plaza, Chicago, IL, 60685

**Philip E. Lundy, Vice President and Treasurer, 101 South Phillips Avenue, Sioux Falls, SD
57104-6703**

Thomas A. Pottle, Vice President and Assistant Secretary, CNA Plaza, Chicago, IL, 60685

Gregory A. Vinzant, Vice President, 101 South Phillips Avenue, Sioux Falls, SD 57104-6703

David T. Rankin, Assistant Vice President, 1147 E. Tennessee Street, Tallahassee, FL 32308

**Melissa D. Cooper, Assistant Vice President, 101 South Phillips Avenue, Sioux Falls, SD
57104-6703**