

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90011 032 ***150.00

DOCUMENT # 480779

1. Entity Name
TROY FAIN - INSURANCE, INC.

Principal Place of Business

Mailing Address

1147 E TENNESSEE STREET
 P O BOX 747
 TALLAHASSEE FL 32302-0747

1147 E TENNESSEE STREET
 P O BOX 747
 TALLAHASSEE FL 32302-0747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1630046	Applied For
		Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input checked="" type="checkbox"/> Delete	TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBY, JOE P.	NAME	Philip E. Lundy
STREET ADDRESS	101 S. PHILLIPS AVE	STREET ADDRESS	101 S. Phillips Ave.
CITY-ST-ZIP	SIOUX FALLS SD 57104	CITY-ST-ZIP	Sioux Falls, SD 57104-6703
TITLE	CVSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, DAN L.	NAME	
STREET ADDRESS	101 S. PHILLIPS AVE	STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD 57104	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, STEPHEN T	NAME	
STREET ADDRESS	101 S PHILLIPS AVE	STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD 57104	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENEGHAN, JOHN	NAME	
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONNAHME, MARK C	NAME	
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTLE, THOMAS A	NAME	
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	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: Stephen T. Pate **Stephen T. Pate** 4/28/00 (605) 336-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

TROY FAIN - INSURANCE, INC.

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DIRECTORS

- John Heneghan**, CNA Plaza, Chicago, IL, 60685
- Dan L. Kirby**, 101 South Phillips Avenue, Sioux Falls, SD 57104-6703
- Philip E. Lundy**, 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
- Paul T. Lively**, Senior Vice President and Assistant Secretary, CNA Plaza, Chicago, IL, 60685
- Michael A. Dougherty**, Senior Vice President, CNA Plaza, Chicago, IL, 60685
- Larry A. Kasten**, Vice President, 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
- Dale E. Clark**, Vice President, 3745 Latrobe Drive, Charlotte, NC 28222
- Suzanne E. Clark**, Vice President, 3745 Latrobe Drive, Charlotte, NC 28222
- Philip E. Lundy**, Treasurer and Controller, 101 South Phillips Avenue, Sioux Falls, SD
57104-6703

TROY FAIN - INSURANCE, INC.

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OFFICERS (con't)

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

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