

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 480779

1. Entity Name

TROY FAIN - INSURANCE, INC.

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

05-13-2000 90011 032 \*\*\*150.00

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-1630046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

7. Name and Address of New Registered Agent

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRBY, JOE P.	
STREET ADDRESS	101 S. PHILLIPS AVE	
CITY-ST-ZIP	SIOUX FALLS SD 57104	
TITLE	CVSD	<input type="checkbox"/> Delete
NAME	KIRBY, DAN L.	
STREET ADDRESS	101 S. PHILLIPS AVE	
CITY-ST-ZIP	SIOUX FALLS SD 57104	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PATE, STEPHEN T	
STREET ADDRESS	101 S PHILLIPS AVE	
CITY-ST-ZIP	SIOUX FALLS SD 57104	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENEGHAN, JOHN	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	D	<input type="checkbox"/> Delete
NAME	VONNAHME, MARK C	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	DV	<input type="checkbox"/> Delete
NAME	POTTLE, THOMAS A	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip E. Lundy	
STREET ADDRESS	101 S. Phillips Ave.	
CITY-ST-ZIP	Sioux Falls, SD 57104-6703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*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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844364

**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