

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 480779**

1. Entity Name

**TROY FAIN - INSURANCE, INC.****FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90304 035 \*\*\*150.00

00051307



DO NOT WRITE IN THIS SPACE

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.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1630046</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HUDSON, EDWIN R. 117 S. GADSDEN STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, JOE P. 101 S. PHILLIPS AVE SIOUX FALLS SD 57104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Phillip E. Lundy 101 South Phillips Ave Sioux Falls, SD 57104-6703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVSD KIRBY, DAN L. 101 S. PHILLIPS AVE SIOUX FALLS SD 57104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVSD Vacant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATE, STEPHEN T 101 S PHILLIPS AVE SIOUX FALLS SD 57104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENEGHAN, JOHN CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONNAHME, MARK C CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POTTLE, THOMAS A CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Philip E. Lundy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/24/01 (605) 336-0850 <small>Date Daytime Phone #</small>	

CR2E034 (10/00)

**TROY FAIN - INSURANCE, INC.**

**DIRECTORS**

**Michael A. Dougherty**, CNA Plaza, Chicago, IL, 60685

**John S. Heneghan**, CNA Plaza, Chicago, IL, 60685

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

**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

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

**Michael A. Dougherty**, Senior Vice President, CNA Plaza, Chicago, IL, 60685

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

**Dale E. Clark**, Vice President, 3745 Latrobe Drive, Charlotte, NC 28222

**Suzanne E. Clark**, Vice President, 3745 Latrobe Drive, Charlotte, NC 28222

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

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

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

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

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

Att: Ahmad  
# 80779  
B0051507

**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