

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91645 029 ***150.00

DOCUMENT # 480779

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1630046**

Applied For

Not Applicable

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

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
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Avenue
City
Plantation **FL** Zip Code
33324

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 **PETER F. SOUZA**
ASSISTANT SECRETARY

5/11/02

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, 2002 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 **DT** ☐ Delete
NAME **LUNDY, PHILLIP E**
STREET ADDRESS **101 S. PHILLIPS AVE**
CITY-ST-ZIP **SIOUX FALLS SD 57104-6703**

TITLE **D/T/S** ☒ Change ☐ Addition
NAME **Philip E Lundy**
STREET ADDRESS **101 S Phillips Ave, Sioux Falls, SD 57104** ☐ Change ☐ Addition

TITLE **SVP** ☐ Delete
NAME **DOUGHERTY, MICHAEL A**
STREET ADDRESS **CNA PLAZA**
CITY-ST-ZIP **CHICAGO IL 60685**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HENEGHAN, JOHN**
STREET ADDRESS **CNA PLAZA**
CITY-ST-ZIP **CHICAGO IL 60685**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VONNAHME, MARK C**
STREET ADDRESS **CNA PLAZA**
CITY-ST-ZIP **CHICAGO IL 60685**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **POTTLE, THOMAS A**
STREET ADDRESS **CNA PLAZA**
CITY-ST-ZIP **CHICAGO IL 60685**

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED** **Bradley Vaughn, Asst Vice Pres.** **4/22/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **605-330-4698**

CR2E034 (9/01)

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

Enid Tanenhaus, 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

Enid Tanenhaus, 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

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 Secretary, 101 South Phillips Avenue, Sioux Falls, SD
57104-6703

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

attachment # 480779

TROY FAIN - INSURANCE, INC.

OFFICERS (con't)

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

Bradley D. Vaughn, 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

Jerome D. Rieck, Assistant Secretary, 101 South Phillips Avenue, Sioux Falls, SD 57104-
6703