

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90283 016 ***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
--	--

94077185



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1630046

Applied For
Not Applicable

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND AVENUE
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS LUNDY, PHILLIP E 101 S. PHILLIPS AVE SIOUX FALLS, SD 571046703	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DOUGHERTY, MICHAEL A CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENEGHAN, JOHN CNA PLAZA CHICAGO, IL 60685	<input checked="" type="checkbox"/> Delete
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VONNAHME, MARK C CNA PLAZA CHICAGO, IL 60685	<input checked="" type="checkbox"/> Delete
--	--	--

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"/> Delete
--	--	---------------------------------

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Enid Tanenhaus CNA Plaza Chicago, IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP John F Welch CNA Plaza Chicago, IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad Vaughn Asst VP

4-28-04

Date

(605) 336-0850

Daytime Phone #