


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 480779</b> 1. Entity Name TROY FAIN - INSURANCE, INC.	
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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
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<b>DO NOT WRITE IN THIS SPACE</b>
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04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1630046	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND AVENUE PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000336873 04/27/05-80142-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS LUNDY, PHILLIP E 101 S. PHILLIPS AVE SIOUX FALLS, SD 571046703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DOUGHERTY, MICHAEL A CNA PLAZA CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANENHAUS, ENID CNA PLAZA CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WELCH, JOHN F CNA PLAZA CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV POTTLE, THOMAS A CNA PLAZA CHICAGO, IL 60685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Brad Vaughn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-20-05 <small>Date</small>	(605) 336-0850 <small>Daytime Phone #</small>