2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480779

: TROY FAIN - INSURANCE, INC.

FILED Apr 26, 2006 Secretary of State

| Entity Nai | me: TROYFA | IIN - INSURANCE, INC. | | | | |
|---|---|--------------------------------|---|--|-----------------------|--|
| Current P | rincipal Place | of Business: | New Principal Place of Business: | | | |
| POBOX 7 | NNESSEE ST 747 SSEE, FL 323 | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| POBOX 7 | NNESSEE ST 747 SSEE, FL 323 | | | | | |
| FEI Number: 59-1630046 FEI Number Applied For () | | | FEI Number Not Applicable () Certificate of Status Desired () | | | |
| Name and | Address of C | Current Registered Agent: | Name and | Address of New Registe | red Agent: | |
| 1200 SOU PLANTATI The above | PORATION SY TH PINE ISLA ION, FL 33324 named entity of the property of the pro | ND AVENUE | ourpose of changing i | s registered office or regis | tered agent, or both, | |
| SIGNATUR | RE: | | | | | |
| | Electror | ic Signature of Registered Age | ent | Date | e | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | LUNDY, PHILLI 101 S. PHILLIF | | Title: Name: Address: City-St-Zip: | () Change () Ad | ddition | |
| Title: Name: Address: City-St-Zip: | SVP () DOUGHERTY, CNA PLAZA CHICAGO, IL 6 | | Title: Name: Address: City-St-Zip: | SVP (X) Change () A DOUGHERTY, MICHAEL A CNA PLAZA, 41ST FLOOR, 33 CHICAGO, IL 60604 | | |
| Title: Name: Address: City-St-Zip: | D () TANENHAUS, E CNA PLAZA CHICAGO, IL 6 | | Title: Name: Address: City-St-Zip: | D (X) Change () A TANENHAUS, ENID CNA PLAZA, 41ST FLOOR, 33 CHICAGO, IL 60604 | | |
| Title: Name: Address: City-St-Zip: | DP () WELCH, JOHN CNA PLAZA CHICAGO, IL 6 | | Title: Name: Address: City-St-Zip: | DP (X) Change () A WELCH, JOHN F CNA PLAZA, 41ST FLOOR, 33 CHICAGO, IL 60604 | | |
| Title: Name: Address: City-St-Zip: | DV () POTTLE, THOM CNA PLAZA CHICAGO, IL 6 | | Title: Name: Address: City-St-Zip: | DV (X) Change () A POTTLE, THOMAS A CNA PLAZA, 41ST FLOOR, 33 CHICAGO, IL 60604 | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAD VAUGHN AVP 04/26/2006