

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90043 041 ***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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
Vonnahme, Mark C
CNA Plaza
Chicago, IL 60685** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Philip E. Lundy* **Philip E. Lundy, Secretary** **4/25/03** **(605) 336-0850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

#480779

MEMO

TO: Tom Rankin, Troy Fain Insurance, Inc.
FROM: Jay McDonald, Accounting, WSC Sioux Falls
DATE: April 25, 2003
SUBJECT: State Filings

Enclosed is one completed Foreign Corporate Annual Report. Please issue the check on **Monday April 28th** and send along with the filing as soon as possible. **This report has a \$400 penalty if not delivered by the 30th.**

If you have any questions, please let me know.

Thanks,

Jay McDonald

Florida Filing