

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90020 017 ***150.00

DOCUMENT # F00000006457

1. Entity Name
TRINITY UNIVERSAL INSURANCE COMPANY

Principal Place of Business **Mailing Address**
10000 N. CENTRAL EXPRESSWAY **P.O. BOX 655028**
DALLAS TX 75231 **DALLAS TX 75265-5028**

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 **75-0620550** **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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

SIGNATURE **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	SOUTHWELL, DONALD G	
STREET ADDRESS	10000 N. CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, CLARK H	
STREET ADDRESS	10000 N. CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FAGAN, JUDITH E	
STREET ADDRESS	10000 N. CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALSEY, DENNIS O	
STREET ADDRESS	10000 N. CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENGSTON, DAVID F	
STREET ADDRESS	ONE EAST WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHULTE, JAMES A	
STREET ADDRESS	10000 N CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75231	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	ONE EAST WACKER DRIVE
CITY-ST-ZIP	CHICAGO IL 60601
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Judith E. Fagan* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

02/20/02
Date

(214) 360-8017
Daytime Phone #

CR2E034 (9/01)