

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90014 044 ***550.00

DOCUMENT # F00000006457	
1. Entity Name TRINITY UNIVERSAL INSURANCE COMPANY	

Principal Place of Business 10000 N. CENTRAL EXPRESSWAY DALLAS, TX 75231	Mailing Address P.O. BOX 655028 DALLAS, TX 75265-5028
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54063607



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number 75-0620550		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		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 \$550.00
Due by September 8, 2004**

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	CD SOUTHWELL, DONALD G <input type="checkbox"/> Delete ONE EAST WACKER DRIVE CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROBERTS, CLARK H <input type="checkbox"/> Delete 10000 N. CENTRAL EXPRESSWAY DALLAS, TX 75231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FAGAN, JUDITH E <input checked="" type="checkbox"/> Delete 10000 N. CENTRAL EXPRESSWAY DALLAS, TX 75231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stuart A. Bailey 10000 N. Central Expressway Dallas, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGLEY, DOROTHY A <input type="checkbox"/> Delete 10000 N. CENTRAL EXPRESSWAY DALLAS, TX 75231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENGSTON, DAVID F <input type="checkbox"/> Delete ONE EAST WACKER DRIVE CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTE, JAMES A <input type="checkbox"/> Delete 10000 N CENTRAL EXPRESSWAY DALLAS, TX 75231	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: Clark H. Roberts **Clark H. Roberts** **7/1/04** **214.360.8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #