

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90394 039 \*\*\*150.00

**DOCUMENT # F00000006457**

1. Entity Name  
**TRINITY UNIVERSAL INSURANCE COMPANY**



Principal Place of Business  
**10000 N. CENTRAL EXPRESSWAY  
DALLAS, TX 75231**

Mailing Address  
**10000 N. CENTRAL EXPRESSWAY  
DALLAS, TX 75231**

2. Principal Place of Business

3. Mailing Address  
**ONE EAST WACKER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SUITE 900**

City & State

City & State  
**CHICAGO, ILLINOIS**

Zip

Country

Zip  
**60601**

Country

01302006 Chg-P CR2E034 (11/05)

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

**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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOUTHWELL, DONALD G ONE EAST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROBERTS, CLARK H 10000 N. CENTRAL EXPRESSWAY DALLAS, TX 75231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAILEY, STUART A 10000 N. CENTRAL EXPRESSWAY DALLAS, TX 75231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGLEY, DOROTHY A 5210 BELFORT ROAD SUITE 120 JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENGSTON, DAVID F ONE EAST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTE, JAMES A 10000 N CENTRAL EXPRESSWAY DALLAS, TX 75231 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROESKE, RICHARD ONE EAST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, CLARK H 10000 N. CENTRAL EXPRESSWAY DALLAS, TX 75231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAILEY, STUART A 10000 N. CENTRAL EXPRESSWAY DALLAS, TX 75231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZPATRICK, SAMUEL L ONE EAST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRECO, RONALD E (FCAS, MAAA) ONE EAST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LUBNER, JACK D 10000 N. CENTRAL EXPRESSWAY DALLAS, TX 75231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: RICHARD ROESKE, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Richard Roeske*

4/19/06

ATTACHMENT

40075436

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(Page 2 of 2 - additional Officers/Directors info)

11. ADDITIONS/CHANGES TO OFFICERS/DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAUT, ERIC J ONE EAST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONAR, EDWARD J ONE EAST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition