

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005161

1. Entity Name

TARGET INSURANCE AGENCY, INC.

**FILED**  
May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90005 049 \*\*\*150.00

Principal Place of Business

777 NICOLLET MALL  
1400  
MINNEAPOLIS MN 55402  
US

Mailing Address

777 NICOLLETT MALL  
1400  
MINNEAPOLIS MN 55402  
US

2. Principal Place of Business

1000 Nicollet Mall

3. Mailing Address

1000 Nicollet Mall

Suite, Apt. #, etc.

TPN-0945

Suite, Apt. #, etc.

TPN-0945

City & State

Minneapolis, MN

City & State

Minneapolis, MN

4. FEI Number

41-1884437

Applied For

Not Applicable

Zip

55403

Country

Hennepin

Zip

55403

Country

Hennepin

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.

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIAMPIETRO, ROBERT M	
STREET ADDRESS	33 S 6TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOOLITTLE, KAREN M	
STREET ADDRESS	33 S 6TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCULLY, TERENCE J	
STREET ADDRESS	3701 WAYZATA BLVD	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BAER, TIMOTHY R	
STREET ADDRESS	777 NICOLLET MALL	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	AT	<input type="checkbox"/> Delete
NAME	REIF, JACK N	
STREET ADDRESS	777 NICOLLET MALL	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	STORCH, GERALD L	
STREET ADDRESS	777 NICOLLET MALL	
CITY-ST-ZIP	MINNEAPOLIS MN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Coy	
STREET ADDRESS	3701 Wayzata Blvd.	
CITY-ST-ZIP	Minneapolis, MN 55416	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pam Rogers	
STREET ADDRESS	1000 Nicollet Mall	
CITY-ST-ZIP	Minneapolis, MN 55403	
TITLE	SATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy R. Baer	
STREET ADDRESS	1000 Nicollet Mall	
CITY-ST-ZIP	Minneapolis, MN 55403	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack N. Reif	
STREET ADDRESS	1000 Nicollet Mall	
CITY-ST-ZIP	Minneapolis, MN 55403	
TITLE	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Delete	<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:

*Jack N. Reif* REIF, Treasurer

4/3/02

Date

Daytime Phone #

CR2E034 (9/01)

Attachment B0083800  
Document #  
F9700000 5161

**TARGET INSURANCE AGENCY, INC.**

**OFFICERS AND DIRECTORS**

**DIRECTOR**

Timothy R. Baer  
Jack N. Reif  
Pam Rogers

**BUSINESS ADDRESS**

1000 Nicollet Mall, Minneapolis, MN 55403  
1000 Nicollet Mall, Minneapolis, MN 55403  
1000 Nicollet Mall, Minneapolis, MN 55403

**OFFICER**

**TITLE:**

**BUSINESS ADDRESS**

Jerry Coy	President	3701 Wayzata Blvd, Minneapolis, MN 55416
Pam Rogers	Vice President	1000 Nicollet Mall, Minneapolis, MN 55403
Timothy R. Baer	Secretary and Assistant Treasurer	1000 Nicollet Mall, Minneapolis, MN 55403
Jack N. Reif	Treasurer and Assistant Secretary	1000 Nicollet Mall, Minneapolis, MN 55403
Shannon D. Waite	Assistant VP, Insurance Services	1000 Nicollet Mall, Minneapolis, MN 55403
Jody J. Amundson	Assistant VP, Insurance Services	1000 Nicollet Mall, Minneapolis, MN 55403
Susan Del Boccio	Assistant VP, Insurance Services	22301 Foothill Blvd, Hayward, CA 94541

March 2002