



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River St., Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 71605		2. Name of Corporation TROY FAIN - INSURANCE, INC.			
3. Street Address Principal Business Office 101 S. Phillips Ave.			City Sioux Falls	State SD	Zip 57104-6703
4. Business Phone No. 605-336-0850		5. State of Incorporation FLORIDA			
6. Brief Description of the Character of Business Conducted in Rhode Island SOLICITATION OF INSURANCE AND FIDELITY AND SURETY BONDPRODUCTS.					
<b>OFFICERS AND DIRECTORS</b>					
President Name John F. Welch			Vice President Name Paul T. Bruflat		
Street Address 333 S. Wabash Ave.			Street Address 101 S. Phillips Ave.		
City Chicago	State IL	Zip 60604	City Sioux Falls	State SD	Zip 57104-6703
Secretary Name Philip E. Lundy			Treasurer Name Philip E. Lundy		
Street Address 101 S. Phillips Ave.			Street Address 101 S. Phillips Ave.		
City Sioux Falls	State SD	Zip 57104-6703	City Sioux Falls	State SD	Zip 57104-6703
<b>ADDITIONAL OFFICERS AND DIRECTORS</b>					
Director Name John F. Welch			Director Name Michael A. Dougherty		
Street Address 333 S. Wabash Ave.			Street Address 333 S. Wabash Ave.		
City Chicago	State IL	Zip 60604	City Chicago	State IL	Zip 60604
Director Name John F. Corcoran			Director Name Thomas A. Pottle		
Street Address 333 S. Wabash Ave.			Street Address 333 S. Wabash Ave.		
City Chicago	State IL	Zip 60604	City Chicago	State IL	Zip 60604
<b>AUTHORIZED SHARES</b>			<b>ISSUED SHARES</b>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM NO PAR VALUE		100	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Bradley D. Vaughn      7-20-07  
Signature      Date  
Bradley D. Vaughn  
Print or Type Name  
Asst. V.P. and Controller  
Title

\*71605 FBC 07/19/07 04:44 PM\*  
File Date 8-9-07  
Check No. 58667 & 58953  
By: [Signature]  
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