

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 808158 (0)

1. Corporation Name
TRANSPORTATION INSURANCE COMPANY

Principal Place of Business Mailing Address
CNA PLAZA CHICAGO ILLINOIS 60685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/13/1950** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **36-1877247** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FOLEY, WILLIAM E.
2303 NORTH SEMORAN BLVD.
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CHOOKASZIAN, DENNIS H
STREET ADDRESS	1235 WHITEBRIDGE LANE
CITY - ST - ZIP	WINNETKA IL
TITLE	S
NAME	RUSTON, RICHARD E. (ASST)
STREET ADDRESS	820 S. MITCHELL
CITY - ST - ZIP	ARLINGTON HEIGHTS IL
TITLE	SDV
NAME	LOWRY, DONALD M
STREET ADDRESS	79 MARK DRIVE
CITY - ST - ZIP	HAWTHORN WOODS FL
TITLE	PD
NAME	ENGEL, PHILIP L
STREET ADDRESS	10 EAST SCHILLER STREET
CITY - ST - ZIP	CHICAGO IL
TITLE	V
NAME	ADAMSON, WILLIAM J.
STREET ADDRESS	912 SAVANAH CR.
CITY - ST - ZIP	NAPERVILLE IL
TITLE	V
NAME	CONWAY, PETER P
STREET ADDRESS	1730 QUARTER HORSE CT.
CITY - ST - ZIP	WHEATON IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S ROHAN, DANIEL J. (ASST.)
2.3 STREET ADDRESS	17017 AMHERST LANE
2.4 CITY - ST - ZIP	TINLEY PARK, IL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel J. Rohan DANIEL J. ROHAN 3/28/95 (312) 822-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #