


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 808158

1. Corporation Name
TRANSPORTATION INSURANCE COMPANY



Principal Place of Business CNA PLAZA CHICAGO ILLINOIS 60685	Mailing Address CNA PLAZA CHICAGO ILLINOIS 60685
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1950	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-1877247	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399**

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	JOKIEL, PETER E	
STREET ADDRESS	11N160 LAMONT COURT	
CITY-ST-ZIP	ELGIN IL 60123	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	ADAMSON, WILLIAM J	
STREET ADDRESS	912 SAVANNAH CIRCLE	
CITY-ST-ZIP	NAPERVILLE FL 60540	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOKIEL, PETER E	
STREET ADDRESS	11N160 LAMONT COURT	
CITY-ST-ZIP	ELGIN IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENGEL, PHILIP L	
STREET ADDRESS	10 EAST SCHILLER STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ADAMSON, WILLIAM J.	
STREET ADDRESS	912 SAVANAH CR.	
CITY-ST-ZIP	NAPERVILLE IL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	PIERCE, CATHY J	
STREET ADDRESS	467 EAST HIAWATHA, #409	
CITY-ST-ZIP	WOOD DALE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hengesbaugh, Bernard Lewis	
1.3 STREET ADDRESS	333 S. Wabash	
1.4 CITY-ST-ZIP	Chicago, IL 60685	
2.1 TITLE	SVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MacGinnitie, W. James	
2.3 STREET ADDRESS	333 S. Wabash	
2.4 CITY-ST-ZIP	Chicago, IL 60685	
3.1 TITLE	T/GVP (Group Vice President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dempsey, Pamela S.	
3.3 STREET ADDRESS	333 S. Wabash	
3.4 CITY-ST-ZIP	Chicago, IL 60685	
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Engel, Philip L	
4.3 STREET ADDRESS	333 S. Wabash	
4.4 CITY-ST-ZIP	Chicago, IL 60685	
5.1 TITLE	S/SVP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kantor, Jonathan D	
5.3 STREET ADDRESS	333 S. Wabash	
5.4 CITY-ST-ZIP	Chicago, IL 60685	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Alton, Jeffery C	
6.3 STREET ADDRESS	333 S. Wabash	
6.4 CITY-ST-ZIP	Chicago, IL 60685	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffery C. Alton **REQUIRED** Jeffery C. Alton 04/23/99 312-822-7901
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)