

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 808158

1. Entity Name

TRANSPORTATION INSURANCE COMPANY

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90052 012 ***150.00

Principal Place of Business

Mailing Address

CNA PLAZA
CHICAGO ILLINOIS 60685

CNA PLAZA
CHICAGO ILLINOIS 60685-0001

CR
CH



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-1877247**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HENGESBAUGH, BERNARD LEWIS	
STREET ADDRESS	333 S WABASH	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	MACGINNITIE, W. JAMES	
STREET ADDRESS	333 S WABASH	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	TGVP	<input checked="" type="checkbox"/> Delete
NAME	DEMPSEY, PAMELA S	
STREET ADDRESS	333 S WABASH	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ENGEL, PHILIP L	
STREET ADDRESS	333 S WABASH	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ADAMSON, WILLIAM J.	
STREET ADDRESS	912 SAVANAH CR.	
CITY-ST-ZIP	NAPERVILLE IL	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, CATHY J	
STREET ADDRESS	467 EAST HIAWATHA, #409	
CITY-ST-ZIP	WOOD DALE IL	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENGESBAUGH, BERNARD LEWIS	
STREET ADDRESS	202 THOMPSON DRIVE	
CITY-ST-ZIP	WHEATON, ILLINOIS 60187	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBNICKI, CAROL	
STREET ADDRESS	1015 JACKSON AVENUE	
CITY-ST-ZIP	RIVER FOREST, ILLINOIS 60305	
TITLE	TVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, PAMELA SYLVESTER	
STREET ADDRESS	1805 TRILLIUM LANE	
CITY-ST-ZIP	RIVERWOODS, ILLINOIS 60015	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEUTSCH, ROBERT VICTOR	
STREET ADDRESS	7 PHEASANT HILL	
CITY-ST-ZIP	FARMINGTON, CONNECTICUT 06032	
TITLE	SDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR, JONATHAN DAVID	
STREET ADDRESS	193 OLD ARMY ROAD	
CITY-ST-ZIP	SCARSDALE, NEW YORK 10583	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTON, JEFFERY CHARLES	
STREET ADDRESS	127 DAVISON	
CITY-ST-ZIP	JOLIET, ILLINOIS 60432	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2000 312-822-7901
Date Daytime Phone #

CR2E034 (9/99)