

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90355 001 ***150.00

0668033

DOCUMENT # 808158
 1. Entity Name
TRANSPORTATION INSURANCE COMPANY

Principal Place of Business CNA PLAZA CHICAGO IL 60685	Mailing Address CNA PLAZA CHICAGO IL 60685
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-1877247		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME CD HENGESBAUGH, BERNARD LEWIS	<input type="checkbox"/> Delete	TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 202 THOMPSON DR		TITLE NAME	
CITY-ST-ZIP WHEATON IL 60187		STREET ADDRESS	
TITLE NAME SVD KANTOR, JONATHAN D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 193 OLD ARMY ROAD		STREET ADDRESS	
CITY-ST-ZIP SCARSDALE NY		CITY-ST-ZIP	
TITLE NAME TVD DEMPSEY, PAMELA S	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1805 TRILLIUM LANE		STREET ADDRESS	
CITY-ST-ZIP RIVER WOODS IL 60015		CITY-ST-ZIP	
TITLE NAME VD DUBNICKI, CAROL	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1015 JACKSON AVE		STREET ADDRESS	
CITY-ST-ZIP RIVER FOREST IL 60305		CITY-ST-ZIP	
TITLE NAME S ALTON, JEFFERY C	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 127 DAVISON		STREET ADDRESS	
CITY-ST-ZIP JOLIET IL 60432		CITY-ST-ZIP	
TITLE NAME VD DEUTSCH, ROBERT V	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7 PHEASANT HILL		STREET ADDRESS	
CITY-ST-ZIP FARMINGTON CT 06032		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: _____ 4/26/2001 312-822-7901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)