

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90222 007 \*\*\*150.00

UNIFORM  
 AT

**DOCUMENT # 808158**  
 1. Entity Name  
**TRANSPORTATION INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**CNA PLAZA**                              **CNA PLAZA**  
**CHICAGO IL 60685**                      **CHICAGO IL 60685**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
 Zip                              Country                      Zip                              Country

4. FEI Number      Applied For  
**36-1877247**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent  
 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, 2002 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

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>HENGESBAUGH, BERNARD LEWIS</b>	
STREET ADDRESS	<b>202 THOMPSON DR</b>	
CITY-ST-ZIP	<b>WHEATON IL 60187</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> Delete
NAME	<b>KANTOR, JONATHAN D</b>	
STREET ADDRESS	<b>193 OLD ARMY ROAD</b>	
CITY-ST-ZIP	<b>SCARSDALE NY</b>	
TITLE	<b>TVD</b>	<input type="checkbox"/> Delete
NAME	<b>DEMPSEY, PAMELA S</b>	
STREET ADDRESS	<b>1805 TRILLIUM LANE</b>	
CITY-ST-ZIP	<b>RIVER WOODS IL 60015</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, PONTARELLI</b>	
STREET ADDRESS	<b>1328 EVERGREEN CT</b>	
CITY-ST-ZIP	<b>GLENVIEW IL 60028</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ALTON, JEFFERY C</b>	
STREET ADDRESS	<b>127 DAVISON</b>	
CITY-ST-ZIP	<b>JOLIET IL 60432</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DEUTSCH, ROBERT V</b>	
STREET ADDRESS	<b>7 PHEASANT HILL</b>	
CITY-ST-ZIP	<b>FARMINGTON CT 06032</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alton, Jeffery C.</b>	
STREET ADDRESS	<b>1200 Hickory Creek Drive</b>	
CITY-ST-ZIP	<b>New Lenox, IL 60451</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Jeffery C. Alton**      Date: **4/29/02**      Daytime Phone #: **312-822-7901**

CR2E034 (9/01)