


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 028 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 808158 1. Entity Name TRANSPORTATION INSURANCE COMPANY	
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Principal Place of Business CNA PLAZA CHICAGO, IL 60685	Mailing Address CNA PLAZA-9TH FLOOR CHICAGO, IL 60685
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50046709



2. Principal Place of Business CNA Center Suite, Apt. #, etc. 333 S. Wabash Ave. (60604) City & State Chicago, IL Zip 60685	3. Mailing Address CNA Center - 28th floor Suite, Apt. #, etc. 333 S. Wabash Ave. (60604) City & State Chicago, IL Zip 60685	4. FEI Number 36-1877247
Country U.S.A.	Country U.S.A.	Applied For <input type="checkbox"/> Not Applicable

04252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CDP	<input type="checkbox"/> Delete		TITLE	C/CEO/P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LILIENTHAL, STEPHEN			NAME			
STREET ADDRESS	CNA PLAZA			STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)		
CITY-ST-ZIP	CHICAGO, IL 60685			CITY-ST-ZIP	Chicago, IL 60685		
TITLE	SDGC	<input type="checkbox"/> Delete		TITLE	EV/S/GC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANTOR, JONATHAN D			NAME			
STREET ADDRESS	CNZ PLAZA			STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)		
CITY-ST-ZIP	CHICAGO, IL 60685			CITY-ST-ZIP	Chicago, IL 60685		
TITLE	TV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEMME, DENNIS R			NAME			
STREET ADDRESS	CNA PLAZA			STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)		
CITY-ST-ZIP	CHICAGO, IL 60685			CITY-ST-ZIP	Chicago, IL 60685		
TITLE	EVD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, PONTARRELLI			NAME			
STREET ADDRESS	CNA PLAZA			STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)		
CITY-ST-ZIP	CHICAGO, IL 60685			CITY-ST-ZIP	Chicago, IL 60685		
TITLE	AV	<input type="checkbox"/> Delete		TITLE	AV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GROB, ROBERT J			NAME	Jerry F. Sliwa		
STREET ADDRESS	CNA PLAZA			STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)		
CITY-ST-ZIP	CHICAGO, IL 60685			CITY-ST-ZIP	Chicago, IL 60685		
TITLE	DVCF	<input checked="" type="checkbox"/> Delete		TITLE	EV/CF/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEUTSCH, ROBERT V			NAME	D. Craig Mense		
STREET ADDRESS	CNA PLAZA			STREET ADDRESS	CNA Center, 333 S. Wabash Ave. (60604)		
CITY-ST-ZIP	CHICAGO, IL 60685			CITY-ST-ZIP	Chicago, IL 60685		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry F. Sliwa Jerry F. Sliwa, Asst. Vice President Date: 4/29/05 Daytime Phone: 312 822-7191