

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90165 033 ***150.00

DOCUMENT # 808158



1. Entity Name
TRANSPORTATION INSURANCE COMPANY

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

Mailing Address
**CNA PLAZA
CHICAGO IL 60685**



CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** Delete
NAME **HENGESBAUGH, BERNARD LEWIS**
STREET ADDRESS **202 THOMPSON DR**
CITY-ST-ZIP **WHEATON IL 60187**

TITLE **C/D/CEO/P** Change Addition
NAME **Stephen W. Lilienthal**
STREET ADDRESS **CNA Plaza**
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **SVD** Delete
NAME **KANTOR, JONATHAN D**
STREET ADDRESS **193 OLD ARMY ROAD**
CITY-ST-ZIP **SCARSDALE NY**

TITLE **S/Exec V/D/Gen. Counsel** Change Addition
NAME
STREET ADDRESS **CNA Plaza**
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **TVD** Delete
NAME **DEMPSEY, PAMELA S**
STREET ADDRESS **1805 TRILLIUM LANE**
CITY-ST-ZIP **RIVER WOODS IL 60015**

TITLE **T/V** Change Addition
NAME
STREET ADDRESS **CNA Plaza**
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **VP** Delete
NAME **THOMAS, PONTARELLI**
STREET ADDRESS **1326 EVERGREEN CT**
CITY-ST-ZIP **GLENVIEW IL 60028**

TITLE **Exec V/D** Change Addition
NAME
STREET ADDRESS **CNA Plaza**
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **S** Delete
NAME **ALTON, JEFFERY C**
STREET ADDRESS **1200 HICKORY CREEK DR**
CITY-ST-ZIP **NEW LENOX IL 60451**

TITLE **Assistant V** Change Addition
NAME **Robert J. Grob**
STREET ADDRESS **CNA Plaza**
CITY-ST-ZIP **Chicago, IL 60685**

TITLE **VD** Delete
NAME **DEUTSCH, ROBERT V**
STREET ADDRESS **7 PHEASANT HILL**
CITY-ST-ZIP **FARMINGTON CT 06032**

TITLE **D/ Exec V/CFO** Change Addition
NAME
STREET ADDRESS **CNA Plaza**
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:

Robert J. Grob
Robert J. Grob

4/21/03

312-822-5194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)