


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90213 035 ***150.00

DOCUMENT # P95000004452

1. Entity Name
ALTERNATIVE TRANSPORTATION PROVIDERS INSURANCE AGENCY, INC.



Principal Place of Business
**158 N HARBOR CITY BLVD
 MELBOURNE, FL 32935**

Mailing Address
**158 N HARBOR CITY BLVD
 SUITE 402
 MELBOURNE, FL 32935**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3286495

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, RICHARD P JR 6164 MINTON RD, N.W. PALM BAY, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOLEY, DAVID R 653 CANDLEWOOD WAY MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVIN, JOHN P 114-04 BEACH CHANNEL DRIVE ROCKAWAY PARK, NY 11694	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO D RUSSELL P PRADIN 90 PARK AVENUE 10TH FL NEW YORK, NY 10016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD JAMES L FOX 100 SUMMER STE. 1401 BOSTON, MA 02110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KEVIN J. DELL 90 PARK AVENUE 10TH FL NEW YORK, NY 10016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP JOHN P. WILLIAM 3435 STELZER RD COLUMBUS, OH 43219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUNDAIL POTTS 3435 STELZER RD COLUMBUS, OH 43219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard P. Love* *Kundail Potts V.P.* *(614) 428-3284*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 29500000452-1
14509915

ALTERNATIVE TRANSPORTATION PROVIDERS INSURANCE AGENCY, INC		
Corporate Officers & Directors		
Position	Name	Business Address
CEO/Director	Russell P. Fradin	90 Park Avenue 10th FL, New York, NY 10016
EVP/CFO/Treasurer/Director	James L. Fox	100 Summer ST., Ste1401, Boston, MA 02110
EVP/Secretary	Kevin J. Dell	90 Park Avenue 10th FL, New York, NY 10016
Asst. Secretary	Edward S. Forman	245 5th Avenue, New York, NY 10016
Executive Vice President	Mark J. Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Senior Vice President	John P. Gilliam	3435 Stelzer Rd., Suite 1000, Columbus, OH 43219
President	John Hahn	50 California Street, Ste 2000, San Francisco, CA 60606
Vice President	Kyndall J. Potts	3435 Stelzer Rd., Suite 1000, Columbus, OH 43219
Executive Vice President	Tom Ciardello	50 California Street, Ste 2000, San Francisco, CA 60606