

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808158

Entity Name: TRANSPORTATION INSURANCE COMPANY

Current Principal Place of Business:

333 S. WABASH AVE.
CHICAGO, IL 60604

FILED
Apr 28, 2014
Secretary of State
CC4346200610

Current Mailing Address:

333 S. WABASH AVE.
43S
CHICAGO, IL 60604

FEI Number: 36-1877247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEOD
Name MOTAMED, THOMAS F
Address 333 S. WABASH AVE
City-State-Zip: CHICAGO IL 60604

Title EVPD
Name KANTOR, JONATHAN D
Address 333 S. WABASH AVE
City-State-Zip: CHICAGO IL 60604

Title EVPD
Name HAEFNER, LARRY A
Address 333 S. WABASH AVE
City-State-Zip: CHICAGO IL 60604

Title EVPD
Name PONTARELLI, THOMAS
Address 333 S. WABASH AVE
City-State-Zip: CHICAGO IL 60604

Title CFOD
Name MENSE, D. CRAIG
Address 333 S. WABASH AVE
City-State-Zip: CHICAGO IL 60604

Title SVP
Name DARCY, STATHY
Address 333 S. WABASH AVE
City-State-Zip: CHICAGO IL 60604

Title PRESIDENT, LONG-TERM CARE
Name MIRALLES, ALBERT J. JR.
Address 333 S. WABASH AVE.
City-State-Zip: CHICAGO IL 60604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STATHY DARCY

SVP

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date