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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 837333 (4)

**1. Corporation Name
TRANSPORT INSURANCE COMPANY**

**Principal Place of Business
4100 HARRY HINES BLVD.
DALLAS TX 75219**

**Mailing Address
4100 HARRY HINES BLVD.
DALLAS TX 75219**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/05/1976
3a. Date of Last Report 03/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		75-0784127		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		24		30	
25		29					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YERANT, GENE S.	1.2 NAME	
STREET ADDRESS	4100 HARRY HINES BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RONALD F	2.2 NAME	
STREET ADDRESS	580 WALNUT ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOL, LANCE A	3.2 NAME	
STREET ADDRESS	4100 HARRY HINES BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDNER, CARL H	4.2 NAME	
STREET ADDRESS	580 WALNUT STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTESTEIN, DAVID	5.2 NAME	
STREET ADDRESS	4100 HARRY HINES BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	5.4 CITY - ST - ZIP	
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, STEPHANIE D	6.2 NAME	
STREET ADDRESS	4100 HARRY HINES BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

Stephanie D. Holloway
STEPHANIE D. HOLLOWAY

2-21-95

214/520-4608

(Date)

(Typed Name)