FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837333

(4)

FILED

Feb 26 1998 8:00am

Secretary of State

TRANS	PORT INSURANCE COMPA	NY			
Principal Plac	e of Business	Mailing Address	The state of the s	1 100101 (610) 60001 (111) 60101 (110) (111)	EL MIGHT BINTO NONTO MENTE MESTE VONT
4100 HARRY HINES BLVD. 4100 HARRY HINES BLV DALLAS TX 75219 DALLAS TX 75219		D.			
	•			DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
9 Principal D	Place of Business	2a. Mailing Address		11/05/1976 4. FEI Number	
21	race of Edulinoss	26		75-0784127	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.			SR 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	77.00.2 7.00.	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zıp	Country		Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curren	29	30	Personal Property Tax due June 30.	∐ Yes ∐ No
TU	E INSURANCE COMMISSIONER	it Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent
CAPITOL BUILDING					
	LLAHASSEE FL 32304		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			83		
					,,
			84 City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	les, the above-named c authorized by the corpo orida Statutes.	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
SIGNATURE	Signature, typod or printed name of registered age	nt and title if ward-call to (MO)	E. Registered Agent signature re	position when collectation)	ATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	CPD	☐ DELETE	1.1 TITLE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	☐ Change ☐ 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	X DELETE	2 1 TITLE	V	Change X Addition
NAME	WALKER, RONALD F		2.2 NAME	Albacete, Gregory F	
STREET ADDRESS	580 WALNUT ST		2.3 STREET ADDRESS	4100 Harry Hines Blvd.	
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-ST-ZIP	Dallas, Texas 75219	
TITLE	S POOL, LANCE A	DELETE	3 1 TITLE		Change Addition
NAME	4100 HARRY HINES BLVD.		3 2 NAME		
STREET ADDRESS	DALLAS TX		3 3 STREET ADDRESS		•
CITY-ST-ZIP TITLE	D	X DELETE	3.4. CITY-ST-ZIP	7	Change X Addition
NAME	LINDNER, CARL H	an orten	4. 2 NAME	Krause, Michael D	C cusings No viduition
STREET ADDRESS	580 WALNUT STREET			580 Walnut Street	
CITY-ST-ZIP	CINCINNATI OH		4.3 STHEET ADDRESS 4.4 CITY-ST-ZIP	Cincinnati, Ohio 45202	
TITLE	VD	DELETE	5.1 TITLE	V 43202	Change X Addition
NAME	NOTESTEIN, DAVID	 -		Mekus, John L	
STREET ADDRESS	4100 HARRY HINES BLVD.			4100 Harry Hines Blvd.	
CITY-ST-ZIP	DALLAS TX		5.4 CITY - ST - ZIP	Dallas, Texas 75219	
TITLE	था	☐ DELETE	6.1 TITLE	MHT-1104 15V49 / 1513	Change Addition
NAME	HOLLOWAY, STEPHANIE D		6.2 NAME		
STREET ADDRESS	4100 HARRY HINES BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	_	64 CITY - ST - ZIP		

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: 1/1/2

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2-10-00

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