



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 837333 1. Entity Name TRANSPORT INSURANCE COMPANY						FILED 05 SEP -2 PM 12:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 580 WALNUT STREET CINCINNATI, OH 45202 US				Mailing Address 580 WALNUT STREET CINCINNATI, OH 45202 US			
2. Principal Place of Business 1300 HIGHLAND CORPORATE DRIVE		3. Mailing Address 1300 HIGHLAND CORPORATE DRIVE					
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103					
City & State CUMBERLAND, RI		City & State CUMBERLAND, RI					
Zip 02864		Zip 02864					
Country PROVIDENCE		Country PROVIDENCE		08302005 Chg-P CR2E034 (10/03)			
4. FEI Number 75-0784127				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Applicable) _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing registered office or agent.)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBER, GARY 580 WALNUT STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVID WALLIS 1300 HIGHLAND CORPORATE DRIVE, Suite 103 CUMBERLAND, RI 02864	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP HORRELL, KAREN HOLLEY 580 WALNUT STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ANDREW MCCARTHY 1300 HIGHLAND CORPORATE DRIVE, Suite 103 CUMBERLAND, RI 02864	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVT JENSEN, KEITH A 580 WALNUT STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PAMELA SUSAN SELLERS-HOELSKEN 2 CENTRAL SQUARE, 2ND FLOOR CAMBRIDGE, MA 02139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC LARSON, DONALD D 580 WALNUT STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERT WHITNEY 2 CENTRAL SQUARE, 2ND FLOOR CAMBRIDGE, MA 02139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSEN, EVE CUTLER 580 WALNUT STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600059387946 09/07/05--01026--020 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERAINO, VITO C 580 WALNUT STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date 8.30.05	Daytime Phone # 401-719-9001
DAVID WALLIS							

TRANSPORT INSURANCE COMPANY

1300 Highland Corporate Drive, Suite 103, Cumberland, RI 02864

Telephone: 401-719-9000 Fax: 401-719-9019

August 30, 2005

Florida Department of State
Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed please find 2005 For Profit Corporation Annual Report and our check in the amount of \$150.00. We respectfully request waiver of the \$400 late fee as follows:

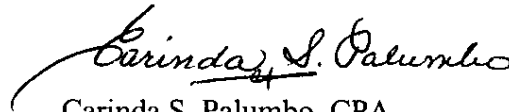
Transport Insurance Company – NAIC # 33014, was purchased from Great American Insurance Company on 11/30/04. We never received the 2005 Annual Report filing packet that was due 5/1/05. We only recently became aware of the annual filing because a late reminder that was mailed to the old Great American address was forwarded to us.

As a result of the confusion that resulted from the change in ownership of Transport Insurance Company, we respectfully request a waiver of the \$400 penalty.

Also, please update your records to reflect our new address: 1300 Highland Corporate Drive, Suite 103, Cumberland, RI 02864.

I anxiously await your Department's decision on this matter. If you have any questions, please call me at 401-719-9013.

Sincerely,



Carinda S. Palumbo, CPA
Accountant

/csp