

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 837333 1. Entity Name TRANSPORT INSURANCE COMPANY	
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Principal Place of Business 580 WALNUT STREET CINCINNATI, OH 45202 US	Mailing Address 580 WALNUT STREET CINCINNATI, OH 45202 US
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2. Principal Place of Business 1300 HIGHLAND CORPORATE DRIVE, Suite, Apt. #, etc. SUITE 103 CUMBERLAND, RI	3. Mailing Address 1300 HIGHLAND CORPORATE DRIVE, Suite, Apt. #, etc. SUITE 103 CUMBERLAND, RI
City & State CUMBERLAND, RI	City & State CUMBERLAND, RI
Zip 02864	Country PROVIDENCE

FILED

05 SEP -2 PM 12:10

SECRET



08302005 Chg-P CR2E034 (10/03)

4. FEI Number 75-0784127	Applied For 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 _____ State **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 _____ (NOTE: Registered Agent signature required when changing agent)
 Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE D NAME GRUBER, GARY STREET ADDRESS 580 WALNUT STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete
TITLE DSVP NAME HORRELL, KAREN HOLLEY STREET ADDRESS 580 WALNUT STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete
TITLE DSVT NAME JENSEN, KEITH A STREET ADDRESS 580 WALNUT STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete
TITLE DPC NAME LARSON, DONALD D STREET ADDRESS 580 WALNUT STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete
TITLE DVP NAME ROSEN, EVE CUTLER STREET ADDRESS 580 WALNUT STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete
TITLE VP NAME PERAINO, VITO C STREET ADDRESS 580 WALNUT STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP NAME DAVID WALLIS STREET ADDRESS 1300 HIGHLAND CORPORATE DRIVE, SUITE 103 CITY-ST-ZIP CUMBERLAND, RI 02864	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DVP NAME ANDREW MCCARTHY STREET ADDRESS 1300 HIGHLAND CORPORATE DRIVE, SUITE 103 CITY-ST-ZIP CUMBERLAND, RI 02864	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME PAMELA SUSAN SELLERS-HOELSKEN STREET ADDRESS 2 CENTRAL SQUARE, 2ND FLOOR CITY-ST-ZIP CAMBRIDGE, MA 02139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DS NAME ROBERT WHITNEY STREET ADDRESS 2 CENTRAL SQUARE, 2ND FLOOR CITY-ST-ZIP CAMBRIDGE, MA 02139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600059387946 09/07/05--01026--020 **150.00
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:  **8.30.05** **401-719-9001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID WALLIS** Date Daytime Phone #

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:

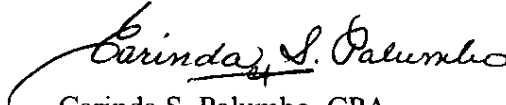
Transport Insurance Company – NAIC # 33014, was purchased from Great American Insurance Company on 11/30/04. We never received the 2005 Annual Report filing packet that was due 5/1/05. We only recently became aware of the annual filing because a late reminder that was mailed to the old Great American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