

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90019 004 ***158.75

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1. Entity Name
TRANSPORT INSURANCE COMPANY



Principal Place of Business
1300 HIGHLAND CORPORATE DRIVE, STE. 103
CUMBERLAND, RI 02864 US

Mailing Address
1300 HIGHLAND CORPORATE DRIVE, STE. 103
CUMBERLAND, RI 02864 US

900000



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-0784127

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME WALLIS, DAVID
STREET ADDRESS 1300 HIGHLAND CORPORATE DRIVE, STE. 103
CITY-ST-ZIP CUMBERLAND, RI 02864

TITLE DVP
NAME MCCARTHY, ANDREW
STREET ADDRESS 1300 HIGHLAND CORPORATE DRIVE, STE. 103
CITY-ST-ZIP CUMBERLAND, RI 02864

TITLE DT
NAME SELLERS-HOELSKEN, PAMELA S
STREET ADDRESS 2 CENTRAL SQUARE, 2ND FLOOR
CITY-ST-ZIP CAMBRIDGE, MA 02139

TITLE DS
NAME WHITNEY, ROBERT
STREET ADDRESS 2 CENTRAL SQUARE, 2ND FLOOR
CITY-ST-ZIP CAMBRIDGE, MA 02139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WALLIS

Date

1-27-06

Daytime Phone #

401 719 9001