

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H85126 (1)

1. Corporation Name

TRANSPORTATION CASUALTY INSURANCE COMPANY

Principal Place of Business

1600 W. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33309

Mailing Address

P.O. BOX 9088  
FT. LAUDERDALE, FL  
33310

3. Date Incorporated or Qualified

11/13/1985

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt # etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2599788

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
THE CAPITOL BUILDING  
TALLAHASSEE, FL 32301

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 state if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME Rogan, Thomas  
STREET ADDRESS 9690 N.W. 41st Street  
CITY-ST-ZIP Miami, FL ☐ DELETE

TITLE DP  
NAME Morgaman, Philip E.  
STREET ADDRESS 1600 W. Commercial Blvd.  
CITY-ST-ZIP Ft. Lauderdale, FL ☐ DELETE

TITLE D  
NAME Cunningham, Rodney  
STREET ADDRESS 1450 N.W. 1st Ave.  
CITY-ST-ZIP Boca Raton, FL ☐ DELETE

TITLE D  
NAME Nichols, Neal  
STREET ADDRESS 1200 N. Hudson St.  
CITY-ST-ZIP Arlington, Va ☐ DELETE

TITLE DVP  
NAME Gaddis, Michael  
STREET ADDRESS 517 N. Federal Highway  
CITY-ST-ZIP Ft. Lauderdale, FL ☒ DELETE

TITLE  
NAME JOHNSON, LELAND P.  
STREET ADDRESS 2221 University Ave. SE  
CITY-ST-ZIP Minneapolis, MN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DC  
12 NAME Gaddis, Jesse P.  
13 STREET ADDRESS 221 W. Oakland Park Blvd.  
14 CITY-ST-ZIP Ft. Lauderdale, FL 33303 ☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip E. Morgaman

4/1/96

(954) 493-6565

CR2E034 (12/95)