

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

FILED
Apr 12, 1996 08:00 AM
Secretary of State

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**
4. FEI Number: **59-2599788**
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

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt #, etc, City & State, and Zip & Country.

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
STATE OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE, FL 32301**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 and typed or printed name of registered agent and state if applicable)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Rogan, Thomas	
STREET ADDRESS	9690 N.W. 41st Street	
CITY- ST- ZIP	Miami, FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Morgaman, Philip E.	
STREET ADDRESS	1600 W. Commercial Blvd.	
CITY- ST- ZIP	Ft. Lauderdale, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Cunningham, Rodney	
STREET ADDRESS	1450 N.W. 1st Ave.	
CITY- ST- ZIP	Boca Raton, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Nichols, Neal	
STREET ADDRESS	1200 N. Hudson St.	
CITY- ST- ZIP	Arlington, Va	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	Gaddis, Michael	
STREET ADDRESS	517 N. Federal Highway	
CITY- ST- ZIP	Ft. Lauderdale, FL	
TITLE	JOHNSON, LELAND P.	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, LELAND P.	
STREET ADDRESS	2221 University Ave. SE	
CITY- ST- ZIP	Minneapolis, MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gaddis, Jesse P.	
1.3 STREET ADDRESS	221 W. Oakland Park Blvd.	
1.4 CITY- ST- ZIP	Ft. Lauderdale, FL 33303	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	200001778212	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/12/96--01036--012	
6.3 STREET ADDRESS	***200.00	
6.4 CITY- ST- ZIP		

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)

SG 4-12-96