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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

H85126

(1)

TRANSPORTATION CASUALTY INSURANCE COMPANY

Principal Place of Business

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

FT. L	W. COMMERCIAL BLV AUDERDALE, FL 3330	•	. LAUDERDAL	ाच स					
			33310		3 Data L				<u></u>
2 Principal	Place of Business		3. Date Incorporated or Qualified 11/13/1985 3a. Date of Las 04/07/1		e of Last	Report			
21 Philicipal	riace of Business	2a. Mailing Addres	s		4. FEI Number		1 0 4 7	771	Applied For
Suite, Apr	t #. etc	26			<u>59-2599</u>	788		<u> </u>	Not Applicable
22	,	Suite, Apt # ei	tc		5. Cert licate of Sta			\$8.7	5 Additional
City & Sta	ate	City & State			o. detendate of Sta	itus Desired		Fee	Required
23		28			6. Election Campai			\$5.0	<b>10</b> May Be
Zip Country		Zip Country			Adde Adde			ed to Fees	
24	25	29	30	[ ]	8. This corporation	has liability for	ıntangible	tax unde	rs 199.032,
	9. Name and Address of Current	Registered Agent			Florida Statutes  O. Name and Adde		∐ No		
INSURA	NCE COMMISSIONER	-	81 Nan	ne .	or manie and Addi	ESS OF NEW M	egistered /	<b>Agent</b>	
STATE	OF FLORIDA		<b>82</b> Stre	a. A.d.d		····			
THE CA	PITOL BUILDING		62 Sire	et Address	(P.O. Box Number i	is Not Acceptal	ble)		
TAT.T.AA	HSSEE, FL 32301		83						
THILL	MBBEE, FL 32301								
44 0		_	84 City				EI	85 Zi	p Code
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State of manufacturity and accept the obligation	and 607 1508, Florida S	Statutes, the above-name	d corporati	on submits this stat	ement for the r	FL.	<u></u>	<del>.</del>
agent I a	to the provisions of Sections 607,0502 registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607,050	was authorized by the co 5. Florida Statutes	prporation's	board of directors	I hereby accep	ot the appo	onanging Intment a	i its registered is registered
SIGNATURE									•
	Stignature Typed or printed name of registered agent.	and the if applicable							
12.	Stg: af inc. typed or printed name of registered agent.  OFFICERS AND I	and the if applicable DIRECTORS	(NOTE: Registered Agent signal 13.		រក ខេតានារាកាញ		DATE		DRS (N. 12
<b>12</b> . ՄՄLE	OFFICERS AND I	and the if applicable	(NOT) Registered Agent signal 13.	DC	ADDITIONS/CHAN	GES TO OFFIC	DATE CERS AND		
12. TITLE NAME	D OFFICERS AND I	and steed applicable DIRECTORS	(NOTE: Registered Agent signal 13.	DC Gado	ADDITIONS/CHAN	GES TO OFFIC	DATE CERS AND	DIRECTO	
12. TITLE NAME STHEET AUDRESS	D Rogan, Thomas 9690 N.W. 41st	and steed applicable DIRECTORS	(NOT) Required Agent signal 13.	DC Gado	ADDITIONS/CHAN	GES TO OFFIC	DATE CERS AND	DIRECTO	
12. TITLE NAME	D Rogan, Thomas 9690 N.W. 41st ( Miami, FL	DIRECTORS  JELETE  Street	CNOTE Requested Agent signal  13.  1.1 TILLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - AP	DC Gado 221	ADDITIONS/CHAN Lis, Jess W. Oakla	GES TO OFFICE  P.  nd Park	DATE CERS AND	DIRECTO Change	
12. TITLE NAME STHEET AUDRESS CITY-ST ZIP	D Rogan, Thomas 9690 N.W. 41st 9 Miami, FL	DIRECTORS    DELETE    DELETE	(NOT) - Regional Agent signal  13.  1 1701E  1 2 NAME  1 3 STREET ADDRESS  1 4 CITY - ST - AP	DC Gado 221	ADDITIONS/CHAN	GES TO OFFICE  P.  nd Park	DATE CERS AND ( S Blv 3330	DIRECTO Change	
12. TITLE NAME STHEFT ADDRESS CITY-ST ZIP TITLE NAME	D Rogan, Thomas 9690 N.W. 41st ( Miami, FL DP Morgaman, Philip	DIRECTORS  DELETE  Street	CNOTE Requested Agent signal  13.  1.1 TILLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - AP	DC Gado 221	ADDITIONS/CHAN Lis, Jess W. Oakla	GES TO OFFICE  P.  nd Park	DATE CERS AND ( S Blv 3330	DIRECTO ☐ Change d. 3	Addition
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12.  THEF  NAME  STHEFF ADDRESS  CITY ST ZIP  THEE  VAME  STREEF ADDRESS  CITY ST ZIP  THEE  IAME  TREEF ADDRESS  TY ST ZIP	Rogan, Thomas 9690 N.W. 41st S Miami, FL  DP Morgaman, Philip 1600 W. Commerci Ft. Lauderdale, D Cunningham, Rodr 1450 N.W. 1st Av Boca Raton, FL D Nichols, Neal 1200 N. Hudson S Arlington, Va DVP	Street  DELETE	13. 1 17ULE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY ST 7/P 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY ST 7/P 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY ST 7/P 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY ST 7/P	DC Gado 221	ADDITIONS/CHAN Lis, Jess W. Oakla	GES TO OFFICE  P.  nd Park	Blv. 3330	DIRECTO Change  3 Change Change	Addition Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  THEET ADDRESS  TY-ST-ZIP  TLE  TREET ADDRESS  TY-ST-ZIP  TLE  TREET ADDRESS  TY-ST-ZIP  TLE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS	Rogan, Thomas 9690 N.W. 41st s Miami, FL  DP Morgaman, Philip 1600 W. Commerci Ft. Lauderdale, D Cunningham, Rodr 1450 N.W. 1st Av Boca Raton, FL D Nichols, Neal 1200 N. Hudson S Arlington, Va DVP Gaddis, Michael 517 N. Federal H Ft. Lauderdale,	Street  DELETE  P.	13. 1 17ULE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - 7/P 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - 2/P 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - 7/P 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - 7/P 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - 7/P	DC Gado 221	ADDITIONS/CHAN  Lis, Jess W. Oakla  Lauderda	GES TO OFFICE  P.  P.  P.  P.  P.  P.  P.  P.  P.  P	Blv 3330	DIRECTO Change  d . 3 Change Change	Addition  Addition  Addition

made under oath, that It am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes I that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE	
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SIGNATURE AND EXPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MORGAMAN 4/1/96 (954) 493-6565 SC- 4-12-91