

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33310-9088
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3. Date Incorporated or Qualified 11/13/1985	3a. Date of Last Report 04/12/1996
4. FEI Number 59-2599788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

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. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NW 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	DC <input type="checkbox"/> DELETE
NAME	GADDIS, JESSE P
STREET ADDRESS	221 W OAKLAND PARK BLVD
CITY- ST- ZIP	FT LAUDERDALE FL 33303
TITLE	DVP <input type="checkbox"/> DELETE
NAME	GADDIS, MICHAEL R.
STREET ADDRESS	517 N. FEDERAL HWY.
CITY- ST- ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 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: _____ **PHILIP E. MORGAMAN** **3/20/97** **(954) 493-6565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)