

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

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90002 034 ***558.75

0289968

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # H85126
 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 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------------|---------------------------|---|--|-------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 11/13/1985 | 4. FEI Number 59-2599788 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State 23 | City & State 28 | 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Zip 24 | Country 25 | Zip 29 | Country 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 | 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------------|--|
| TITLE | D | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> DELETE |
| NAME | GADDIS, JESSE P | |
| STREET ADDRESS | 221 W OAKLAND PARK BLVD | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33303 | |
| TITLE | DVP | <input checked="" 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 | D/P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | STEPHENSON, MARK | |
| 1.3 STREET ADDRESS | 1600 W. COMMERCIAL BLVD. | |
| 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 | |
| 2.1 TITLE | D/C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MORGAMAN, PHILIP E. | |
| 2.3 STREET ADDRESS | 1600 W. COMMERCIAL BLVD. | |
| 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | CAMILLO, JOHN M. | |
| 3.3 STREET ADDRESS | 221 W. OAKLAND PK BLVD. | |
| 3.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33311 | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | NICHOLS, NEAL | |
| 4.3 STREET ADDRESS | 3251 WASHINGTON BLVD. | |
| 4.4 CITY-ST-ZIP | ARLINGTON, VA 22201 | |
| 5.1 TITLE | D/V/S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Gardner, DEBORAH S. | |
| 5.3 STREET ADDRESS | 1600 W. COMMERCIAL BLVD. | |
| 5.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 | |
| 6.1 TITLE | D/V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | SPRUCE, WILLIAM D. | |
| 6.3 STREET ADDRESS | 1600 W. COMMERCIAL BLVD. | |
| 6.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 | |

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (MARK STEPHENSON, PRESIDENT 3/9/99) (454)493-6565
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

#85126
592478-90002-34

TRANSPORTATION CASUALTY INSURANCE COMPANY

ADDITIONAL OFFICERS:

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Dennis Smith
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Cheryl A. Smith
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Gary D. Paikoff
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City ST-ZIP: Ft. Lauderdale, Florida 33309