

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90008 019 \*\*\*150.00

**DOCUMENT # H85126**

1. Entity 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
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2599788</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
INSURANCE COMMISSIONER STATE OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32301				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, MARK 1600 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORGAMAN, PHILIP E. 1600 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMILLO, JOHN M 221 W OAKLAND PK BLVD FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMILLO, JOHN M. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, NEAL 3251 WASHINGTON BLVD ARLINGTON VA 22201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST GARDNER, DEBORAH S 1600 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, DEBORAH S. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPRUCE, WILLIAM D 1600 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Stephenson, President 4/12/00 (954) 493-6565  
 SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**TRANSPORTATION CASUALTY INSURANCE COMPANY**

attach.  
C0076521  
##85126

ADDITIONAL DIRECTORS AND OFFICERS:

Title: V  
Name: Linda M. DiNapoli  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

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: D,V,S,T  
Name: Joel Mutnick  
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

Title: V  
Name: Peter Reo  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309