

**2001 UNIFORM BUSINESS REPORT (UBR)****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEPHENSON, MARK	
STREET ADDRESS	1600 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> Delete
NAME	MORGAMAN, PHILIP E.	
STREET ADDRESS	1600 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMILLO, JOHN M	
STREET ADDRESS	1600 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, NEAL	
STREET ADDRESS	3251 WASHINGTON BLVD	
CITY-ST-ZIP	ARLINGTON VA 22201	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	GARDNER, DEBORAH S	
STREET ADDRESS	1600 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	SPRUCE, WILLIAM D	
STREET ADDRESS	1600 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Stephenson, President, 3/28/01 (954) 493 6565

Date

Daytime Phone #

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90151 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2599788**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

CR2E034 (10/00)

Attachment  
0# H85126  
BDD45000

**TRANSPORTATION CAUSALTY INSURANCE COMPANY**

**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