


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90336 031 \*\*\*150.00

<b>DOCUMENT # H85126</b> 1. Entity Name <b>TRANSPORTATION CASUALTY INSURANCE COMPANY</b>					
Principal Place of Business <b>1600 W. COMMERCIAL BLVD FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>P.O. BOX 9088 FT. LAUDERDALE, FL 33310</b>		
2. Principal Place of Business <b>3000 W. Cypress Creek Rd.</b>			3. Mailing Address <b>same as principal</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Ft. Lauderdale, FL</b>			City & State 		
Zip <b>33309</b>		Country <b>U.S.A.</b>		Zip 	
Country 		4. FEI Number <b>59-2599788</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. 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	DC MORGAMAN, PHILIP E. 1600 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMILLO, JOHN M 1600 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete			
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	VT GARDNER, DEBORAH S 1600 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
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	DVT Justin Morgaman 3000 W. Cypress Creek Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT 3000 W. Cypress Creek Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT 3000 W. Cypress Creek Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mark Stephenson 4/14/05 954-493-6565</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50040019**



04122005 Chg-P CR2E034 (10/03)

ATTACHMENT 50040019  
# 485126

TRANSPORTATION CASUALTY INSURANCE COMPANY  
ADDITIONAL DIRECTORS AND OFFICERS:

Title: V  
Name: Linda M. Dinapoli  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V,S  
Name: Matthew T. Jones  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Joseph A. Matteis  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D  
Name: Charlie King  
Street Address: 3251 Washington Blvd.  
City-St-Zip: Arlington, VA 22201

Title: V  
Name: Marilyn Peterson  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Norm Baker  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Parkinson  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Dawn Duxbury  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: John Reynolds  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

ATTACHMENT

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Title: V  
Name: Paul Chabarek  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V, CFO  
Name: Ira Nassi  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Deborah Macdonald  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Lovisone  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Nicole Boodram  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309