


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2005 90336 031 ***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	
2. Principal Place of Business 3000 W. Cypress Creek Rd.		3. Mailing Address same as principal	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State	
Zip 33309		Country U.S.A.	
4. FEI Number 59-2599788		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 W. Cypress Creek Road
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 W. Cypress Creek Road
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Justin Morgaman 3000 W. Cypress Creek Road
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	VT GARDNER, DEBORAH S 1600 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DVT 3000 W. Cypress Creek Road
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 W. Cypress Creek Road
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</u>		Date: <u>4/14/05</u> Daytime Phone #: <u>954-493-6565</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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ATTACHMENT 50040019
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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

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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