

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90077 027 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2599788**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent,

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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	DC	<input type="checkbox"/> Delete
NAME	MORGAMAN, PHILIP E.	
STREET ADDRESS	1600 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMILLO, JOHN M	
STREET ADDRESS	1600 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, NEAL	
STREET ADDRESS	3251 WASHINGTON BLVD	
CITY-ST-ZIP	ARLINGTON VA 22201	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARDNER, DEBORAH S	
STREET ADDRESS	1600 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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:

SIGNATURE REQUIRED *MARK Stephenson* 3-20-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 331-1515

CR2E034 (10/02)

Attachment

90071924

TRANSPORTATION CASUALTY INSURANCE COMPANY #H 85/26

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:
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: DVST
Name: Don O'Boyle
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: Norm Baker
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

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

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

Attachment

90071924

#85126

Title:

V

Name:

Kumar Gursahaney

Street Address:

1600 W. Commercial Blvd.

City-St-Zip:

Ft. Lauderdale, Florida 33309