
AMENDED FILING EXPLANATION

To amend pages:

Page 3 - Liabilities

Page 4 - State of Income

Page 12 - Exhibit of Capital Gain (Losses)

Page 18 - Five-Year Historical Data



ANNUAL STATEMENT

For the Year Ended December 31, 2012
of the Condition and Affairs of the

TRANSPORT INSURANCE COMPANY

NAIC Group Code.....4234, 4234 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 33014	Employer's ID Number..... 75-0784127
Organized under the Laws of OHIO	State of Domicile or Port of Entry OHIO	Country of Domicile US
Incorporated/Organized..... May 25, 1976	Commenced Business..... June 2, 1976	
Statutory Home Office	CT Corporation (Registered Agent), 1300 East 9th S..... Cleveland OH 44114 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office	101 Summer Street, 5th Floor..... Boston MA 02110 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	857-300-4127 <small>(Area Code) (Telephone Number)</small>
Mail Address	101 Summer Street, 5th Floor..... Boston MA 02110 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records	101 Summer Street, 5th Floor..... Boston MA 02110 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	857-300-4127 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address	N/A	
Statutory Statement Contact	John William Fischer <small>(Name)</small> John.Fischer@rqih.com <small>(E-Mail Address)</small>	857-300-4127 <small>(Area Code) (Telephone Number) (Extension)</small> 857-300-4153 <small>(Fax Number)</small>

OFFICERS

Name	Title	Name	Title
1. Pamela Susan Sellers-Hoelsken	President	2. John William Fischer	Treasurer
3. Michael Logan Glover	Secretary	4.	

OTHER

Alan Kevin Quilter #	Vice President	Susan Elizabeth Grondine	Vice President
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DIRECTORS OR TRUSTEES

John William Fischer #	Gerald James Caldwell	Susan Elizabeth Grondine	William Eugene Lape
Alan Craig Pollard	Alan Kevin Quilter	Kenneth Edward Randall	Pamela Susan Sellers-Hoelsken

State of..... Massachusetts
County of..... Suffolk

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) Pamela Susan Sellers-Hoelsken _____ 1. (Printed Name) President _____ (Title)	_____ (Signature) John William Fischer _____ 2. (Printed Name) Treasurer _____ (Title)	_____ (Signature) Michael Logan Glover _____ 3. (Printed Name) Secretary _____ (Title)
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Subscribed and sworn to before me
This _____ day of _____ 2013

a. Is this an original filing? Yes [X] No []
b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____