

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P24226 (3)**
1. Corporation Name
TITAN INDEMNITY COMPANY



Principal Place of Business: **1020 N.E. LOOP 410 SUITE 700 SAN ANTONIO TX 78209**
Mailing Address: **1020 N.E. LOOP 410 SUITE 700 SAN ANTONIO TX 78209**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date incorporated or Qualified: **05/09/1989** 3a. Date of Last Report: **03/30/1995**
4. FEI Number: **74-2286759** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when existing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	WATSON, MARK E., JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WATSON, MARK E., JR.	1020 NE LOOP 410, #700	1.2 NAME	
STREET ADDRESS: 1020 NE LOOP 410, #700	SAN ANTONIO TX 78209	1.3 STREET ADDRESS	
CITY-STATE-ZIP: SAN ANTONIO TX 78209		1.4 CITY-STATE-ZIP	
TITLE: VD	MANGOLD, THOMAS E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MANGOLD, THOMAS E.	901 WILSHIRE DRIVE #550	2.2 NAME	
STREET ADDRESS: 901 WILSHIRE DRIVE #550	TRAY MI	2.3 STREET ADDRESS	
CITY-STATE-ZIP: TRAY MI		2.4 CITY-STATE-ZIP	
TITLE: SD	WATSON, MARK III	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WATSON, MARK III	1020 NE LOOP 410, #700	3.2 NAME	
STREET ADDRESS: 1020 NE LOOP 410, #700	SAN ANTONIO TX	3.3 STREET ADDRESS	
CITY-STATE-ZIP: SAN ANTONIO TX		3.4 CITY-STATE-ZIP	
TITLE: TD	BODAYLE, MIKE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BODAYLE, MIKE	1020 NE LOOP 410, #700	4.2 NAME	
STREET ADDRESS: 1020 NE LOOP 410, #700	SAN ANTONIO TX 78209	4.3 STREET ADDRESS	
CITY-STATE-ZIP: SAN ANTONIO TX 78209		4.4 CITY-STATE-ZIP	
TITLE: D	WOODS, GARY V.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WOODS, GARY V.	9000 TESORO DR #122	5.2 NAME	
STREET ADDRESS: 9000 TESORO DR #122	SAN ANTONIO TX	5.3 STREET ADDRESS	
CITY-STATE-ZIP: SAN ANTONIO TX		5.4 CITY-STATE-ZIP	
TITLE: D	DELEON, HECTOR	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DELEON, HECTOR	221 W 6TH ST STE 1050	6.2 NAME	
STREET ADDRESS: 221 W 6TH ST STE 1050	AUSTIN TX	6.3 STREET ADDRESS	
CITY-STATE-ZIP: AUSTIN TX		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Mike Bodayle* **Mike Bodayle, Treasurer** 1/18/96 210-824-4546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)