

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
1020 N.E. LOOP 410 SUITE 700 SAN ANTONIO TX 78209
1020 N.E. LOOP 410 SUITE 700 SAN ANTONIO TX 78209-1228

3. Date Incorporated or Qualified **05/09/1989** 3a. Date of Last Report **01/31/1996**
4. FEI Number **74-2286759** Applied For Not Applicable
6. 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

2. Principal Place of Business 2a. Mailing Address
21 **2700 NE Loop 410** 26 **PO Box 16500**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 500** 27
City & State City & State
23 **San Antonio, TX** 28 **San Antonio, TX**
Zip Country Zip Country
24 **78217** 25 **Bexar** 29 **78265** 30 **Bexar**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, MARK E., JR.	1.2 NAME	
STREET ADDRESS	1020 NE LOOP 410, #700	1.3 STREET ADDRESS	2700 NE Loop 410, #500
CITY-ST-ZIP	SAN ANTONIO TX 78209	1.4 CITY-ST-ZIP	San Antonio, TX. 78217
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGOLD, THOMAS E.	2.2 NAME	
STREET ADDRESS	901 WILSHIRE DRIVE #550	2.3 STREET ADDRESS	2700 NE Loop 410, #500
CITY-ST-ZIP	TRAY MI	2.4 CITY-ST-ZIP	San Antonio, TX. 78217
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, MARK III	3.2 NAME	
STREET ADDRESS	1020 NE LOOP 410, #700	3.3 STREET ADDRESS	2700 NE Loop 410, #500
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	San Antonio, TX. 78217
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BODAYLE, MIKE	4.2 NAME	Treasurer
STREET ADDRESS	1020 NE LOOP 410, #700	4.3 STREET ADDRESS	Grandstaff, Michael W.
CITY-ST-ZIP	SAN ANTONIO TX 78209	4.4 CITY-ST-ZIP	2700 NE Loop 410, 500
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, GARY V.	5.2 NAME	
STREET ADDRESS	9000 TESORO DR #122	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEON, HECTOR	6.2 NAME	
STREET ADDRESS	221 W 6TH ST STE 1050	6.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	6.4 CITY-ST-ZIP	

14. I do 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 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 unchanged, or on an attachment with an address.

SIGNATURE: *Mark E. Watson III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____
Mark E. Watson III
1-800-347-4740

CR2E034 (9/96)