

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90138 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24226

1. Corporation Name
TITAN INDEMNITY COMPANY

Principal Place of Business 2700 NE LOOP 410 SUITE 500 SAN ANTONIO TX 78217 US	Mailing Address P O BOX 16500 SAN ANTONIO TX 78265 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/09/1989	4. FEI Number 74-2286759	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. P.O. Box 65100	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. City & State	28. City & State	8. This corporation owes the current year's intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip	25. Country	29. Zip	30. Country	

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 _____
Signature, typed or printed in name of registered agent and title if applicable (NONE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MANGOLD, THOMAS E		1.2 NAME Mueller, Robert	
STREET ADDRESS 2700 NE LOOP 410, STE 500		1.3 STREET ADDRESS 31799 Pine Tree Road	
CITY-ST-ZIP SAN ANTONIO TX		1.4 CITY-ST-ZIP Pepper Pike, OH 44124	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MANGOLD, THOMAS E.		2.2 NAME Ramsbacher, Thomas O.	
STREET ADDRESS 2700 NE LOOP 410, #500		2.3 STREET ADDRESS 14007 Bluff Park	
CITY-ST-ZIP SAN ANTONIO TX		2.4 CITY-ST-ZIP San Antonio, TX 78216	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WATSON, MARK III		3.2 NAME Metz, Joseph	
STREET ADDRESS 2700 NE LOOP 410, #500		3.3 STREET ADDRESS 3454 Smugglers Cover	
CITY-ST-ZIP SAN ANTONIO TX		3.4 CITY-ST-ZIP Willoughby Hills, OH 44094	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRANDSTAFF, MICHAEL W		4.2 NAME	
STREET ADDRESS 2700 NE LOOP 410, #500		4.3 STREET ADDRESS	
CITY-ST-ZIP SAN ANTONIO TX		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRAMER, IVAN		5.2 NAME	
STREET ADDRESS 22850 HOLMWOOD RD		5.3 STREET ADDRESS	
CITY-ST-ZIP SHAKER HEIGHTS OH		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NOLAN, KATHERINE		6.2 NAME	
STREET ADDRESS 9895 PARTRIDGE TRAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP KIRTLAND OH		6.4 CITY-ST-ZIP	

14. 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 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, with a letterlike empowered.

SIGNATURE: _____ April 20, 1999 (800) 951-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)