

2000 UNIFORM BUSINESS REPORT (UBR)

PG 1 of 2

APPROVED
03-15-2000 90095 046 ***150.00
FILED

00 APR 11 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24226
1. Entity Name
TITAN INDEMNITY COMPANY

Principal Place of Business Mailing Address
**2700 NE LOOP 410
SUITE 500
SAN ANTONIO TX 78217
US** **P.O. BOX 65100
SAN ANTONIO TX 78265-5100
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
74-2286759 Not Applicable

5. Certificate of Status Des red \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name: **Florida Department of Insurance
Commissioner of Insurance**
Street Address (P.O. Box Number is Not Acceptable):
State Treasurer's Office
State Capitol, Plaza Level II
City: **Tallahassee** FL Zip Code: **32399-0300**

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.
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUELLER, ROBERT 31799 PINE TREE RD PEPPER PIKE OH 44124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMSBACHER, THOMAS O 14007 BLUFF PARK SAN ANTONIO TX 78216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO METZ, JOSEPH 3454 SMUGGLERS COVER WILLOUGHBY HILLS OH 44094	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAMER, IVAN 22850 HOLMWOOD RD SHAKER HEIGHTS OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	5915 Landerbrook Drive Cleveland, Ohio 44124-4058	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	7700 N.E. Loop 410, Suite 500 San Antonio, TX 78265	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	V.P. 5915 Landerbrook Drive Cleveland, Ohio 44124-4058	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	AS P.O. Box 5915 Landerbrook Drive Cleveland, Ohio 44124-4058	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	AT Mueller Raymond 5915 Landerbrook Drive Cleveland, Ohio 44124-4058	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	V.P. Campbell, John F., Jr. 5915 Landerbrook Drive Cleveland, Ohio 44124-4058	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Assunta Prossi 3/6/00 1-800-878-2124/91374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

[Handwritten signature]

PS [handwritten initials]

FAX

Date 04/07/00

Number of pages including cover sheet 1

TO: KAREN BEYER
Division of Corporations
Sec. of State

Phone 487-6935
Fax Phone 487-6013

FROM: Pam Edenfield
Department of Insurance
PO BOX 6200
TALLAHASSEE, FL
32314-6200

Phone (850) 413-4102
Fax Phone (850) 922-2544

CC: CHRIS ELHINDI
Victoria Insurance Group

REMARKS: Urgent For your review Reply ASAP Please Comment

KAREN,
THE COMPANY SHOWN BELOW IS REQUIRED BY Ch. 48.151 and 624.422, FLORIDA STATUTES TO DESIGNATE THE INSURANCE COMMISSIONER AS THEIR REGISTERED AGENT, BUT CHANGED THEIR DESIGNATION TO SOMEONE ELSE IN ERROR. PLEASE CHANGE THE R.A. WITH YOUR OFFICE TO THE INSURANCE COMMISSIONER AS SOON AS POSSIBLE. THANKS FOR YOUR HELP!

4/07/00 CORPORATE DETAIL RECORD SCREEN 10:19 AM
NUM: P24228 ST:TX ACTIVE/FOREIGN PROF FLD: 05/09/1989
FEI#: 74-2288759
NAME : TITAN INDEMNITY COMPANY
PRINCIPAL: 2700 NE LOOP 410 CHANGED: 02/28/97
ADDRESS SUITE 500
SAN ANTONIO, TX 78217 US
MAILING : P.O. BOX 65100 CHANGED: 04/29/99
ADDRESS SAN ANTONIO, TX 78265 US
RA NAME : CORPORATION SERVICE COMPANY NAME CHG: 11/05/99
RA ADDR : 1201 HAYS STREET ADDR CHG: 11/05/99
TALLAHASSEE, FL 32301 US
ANN REP : (1997) BN 02/28/97 (1998) B 02/25/98 (1999) A 04/29/99