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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:53

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/09/1989**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **74-2286759** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (FEE: Registered Agent signature required when mandated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WATSON, MARK E., JR.	12 NAME	
STREET ADDRESS	1020 NE LOOP 410, #700	13 STREET ADDRESS	
CITY ST ZIP	SAN ANTONIO TX 78209	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	MANGOLD, THOMAS E.	22 NAME	
STREET ADDRESS	~~8529 ELK RUN DR~~	23 STREET ADDRESS	901 WILSHIRE DRIVE, #550
CITY ST ZIP	~~CLARKSTON MI~~	24 CITY ST ZIP	TROY, MICHIGAN 48007
TITLE	S	31 TITLE	SD ☒ Change ☐ Addition
NAME	WATSON, MARK III	32 NAME	
STREET ADDRESS	~~321 WEST CASTANO AVE~~	33 STREET ADDRESS	1020 N.E. Loop 410, #700
CITY ST ZIP	~~SAN ANTONIO TX~~	34 CITY ST ZIP	San Antonio, TX 78209
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BODAYLE, MIKE	42 NAME	
STREET ADDRESS	1020 NE LOOP 410, #700	43 STREET ADDRESS	
CITY ST ZIP	SAN ANTONIO TX 78209	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WOODS, GARY V.	52 NAME	
STREET ADDRESS	9000 TESORO DR #122	53 STREET ADDRESS	
CITY ST ZIP	SAN ANTONIO TX	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DELEON, HECTOR	62 NAME	
STREET ADDRESS	221 W 6TH ST STE 1050	63 STREET ADDRESS	
CITY ST ZIP	AUSTIN TX	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate and not misleading. 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Mark P Watson SVP — 3/17/95 — 210-824-4546
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

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