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Secretary of State

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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

Mailing Address

2700 NE LOOP 410
 SUITE 500
 SAN ANTONIO TX 78217
 US

P O BOX 16500
 SAN ANTONIO TX 78265
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 65100

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

(NO E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
 NAME MANGOLD, THOMAS E
 STREET ADDRESS 2700 NE LOOP 410, STE 500
 CITY-ST-ZIP SAN ANTONIO TX

1.1 TITLE PD ☐ Change ☒ Addition
 1.2 NAME Mueller, Robert
 1.3 STREET ADDRESS 31799 Pine Tree Road
 1.4 CITY-ST-ZIP Pepper Pike, OH 44124

TITLE VD ☒ DELETE
 NAME MANGOLD, THOMAS E.
 STREET ADDRESS 2700 NE LOOP 410, #500
 CITY-ST-ZIP SAN ANTONIO TX

2.1 TITLE Vice President ☐ Change ☒ Addition
 2.2 NAME Ramsbacher, Thomas O.
 2.3 STREET ADDRESS 14007 Bluff Park
 2.4 CITY-ST-ZIP San Antonio, TX 78216

TITLE SD ☒ DELETE
 NAME WATSON, MARK III
 STREET ADDRESS 2700 NE LOOP 410, #500
 CITY-ST-ZIP SAN ANTONIO TX

3.1 TITLE CFO ☐ Change ☒ Addition
 3.2 NAME Metz, Joseph
 3.3 STREET ADDRESS 3454 Smugglers Cover
 3.4 CITY-ST-ZIP Willoughby Hills, OH 44094

TITLE T ☒ DELETE
 NAME GRANDSTAFF, MICHAEL W
 STREET ADDRESS 2700 NE LOOP 410, #500
 CITY-ST-ZIP SAN ANTONIO TX

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
 NAME KRAMER, IVAN
 STREET ADDRESS 22850 HOLMWOOD RD
 CITY-ST-ZIP SHAKER HEIGHTS OH

5.1 TITLE Secretary ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
 NAME NOLAN, KATHERINE
 STREET ADDRESS 9895 PARTRIDGE TRAIL
 CITY-ST-ZIP KIRTLAND OH

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1999 (800) 951-7311

Date

Daytime Phone #