

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**  
 03-14-2002 90035 026 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # P24226**

1. Entity Name  
**TITAN INDEMNITY COMPANY**

Principal Place of Business  
**2700 NE LOOP 410**  
**SUITE 500**  
**SAN ANTONIO TX 78217**  
**US**

Mailing Address  
**P.O. BOX 65100**  
**SAN ANTONIO TX 78265**  
**US**

2. Principal Place of Business

3. Mailing Address  
**5915 Landerbrook Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Cleveland, OH**

4. FEI Number  
**74-2286759**

Applied For  
 Not Applicable

Zip

Country

Zip  
**44124**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER**  
**THE CAPITOL BLDG.**  
**TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**MUELLER, ROBERT**  
**5915 LANDERBROOK DRIVE**  
**CLEVELAND OH 44124-4058**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**RAMSBACHER, THOMAS O**  
**2700 NE LOOP 410, STE. 500**  
**SAN ANTONIO TX 78217**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP**  
**METZ, JOSEPH**  
**5915 LANDERBROOK DRIVE**  
**CLEVELAND OH 44124-4058**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AS**  
**ROSSI, ASSUNTA**  
**5915 LANDERBROOK DRIVE**  
**CLEVELAND OH 44124-4058**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AT**  
**MUELLER, RAYMOND**  
**5915 LANDERBROOK DRIVE**  
**CLEVELAND OH 44124-4058**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP**  
**CAMPBELL, JOHN F JR.**  
**5915 LANDERBROOK DRIVE**  
**CLEVELAND OH 44124-4058**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/28/02**

**(800) 888-8424**  
**X321**

Attachment  
#P24226

337025



February 28, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Titan Indemnity Company**  
**Document No.: P24226**  
**FEI No.: 74-2286759**

Dear Sir or Madam:

Enclosed please find a signed and completed 2002 Uniform Business Report for the above named company. Also enclosed is Check no. 0000006663 in the amount of \$150.00 as payment for the filing fee.

Should you have any questions regarding this matter, please feel free to call me at 440.461.3461, ext. 328.

Very truly yours,

A handwritten signature in cursive script that reads "Donna L. Czerwinski".

Donna L. Czerwinski  
Compliance Specialist

enc.