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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000000033 (1)

1. Corporation Name
TRITON INSURANCE COMPANY



Principal Place of Business

714 MAIN STREET
FORT WORTH TX 76102
US

Mailing Address

714 MAIN STREET
ATTN: KATHY CROWTHER
FT WORTH TX 76102-5217
US

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

04/11/1996

4. FEI Number

59-2174734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 307 West 7th St.

2a. Mailing Address

26 307 West 7th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27 Suite 400

City & State

City & State

23 Fort Worth TX

28 Fort Worth TX

Zip

24 76102

Country

25 USA

Zip

29 76102

Country

30 USA

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
200 E GAINES ST
LARSON BUILDING
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DSVF ☐ DELETE
NAME RICHARD C. AGNELLO
STREET ADDRESS 714 MAIN ST
CITY-ST-ZIP FORT WORTH TX

TITLE DPC ☐ DELETE
NAME DAHLBERG, PETER B
STREET ADDRESS 714 MAIN ST
CITY-ST-ZIP FORT WORTH TX

TITLE DVAS ☐ DELETE
NAME DIANNA L. COOK
STREET ADDRESS 714 MAIN ST
CITY-ST-ZIP FORT WORTH TX

TITLE DVCF ☒ DELETE
NAME MARY H. MCDOWELL
STREET ADDRESS 714 MAIN ST
CITY-ST-ZIP FORT WORTH TX

TITLE DVT ☐ DELETE
NAME PAULA D. LARKIN
STREET ADDRESS 714 MAIN STREET
CITY-ST-ZIP FORT WORTH TX

TITLE DSVF ☐ DELETE
NAME JAMES E. POE
STREET ADDRESS 714 MAIN ST
CITY-ST-ZIP FORT WORTH TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 307 West 7th St., suite 400
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 307 West 7th St., suite 400
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME DSVPAS
3.3 STREET ADDRESS 307 West 7th St., suite 400
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME DSVPCFO
Micah E. Buehler
4.3 STREET ADDRESS 307 West 7th St., suite 400
4.4 CITY-ST-ZIP Fort Worth TX

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 307 West 7th St., suite 400
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 307 West 7th St., suite 400
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Richard C. Agnello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

Date

817-348-7505

Daytime Phone #

CR2E034 (9/96)