

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

061225 AT

DOCUMENT # F93000000033

1. Entity Name

TRITON INSURANCE COMPANY

03-29-2002 91393 034 ***150.00

Principal Place of Business

**307 WEST 7TH ST
 SUITE 400
 FORT WORTH TX 76102
 US**

Mailing Address

**307 WEST 7TH ST
 SUITE 400
 FORT WORTH TX 76102
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2174734

Applied For

Not Applicable

Zip

Country

Zip

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

**200 E GAINES ST
 LARSON BUILDING
 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	DSVP RICHARD C. AGNELLO 307 WEST 7TH ST SUITE 400 FORT WORTH TX	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC DAHLBERG, PETER B 307 WEST 7TH ST SUITE 400 FORT WORTH TX	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP DIANNA L. COOK 307 WEST 7TH ST SUITE 400 FORT WORTH TX	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BUEHLER, MICAH E 307 W 7TH ST SUITE 400 FORT WORTH TX	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PAULA D. LARKIN 307 W 7TH ST SUITE 400 FORT WORTH TX	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP JAMES E. POE 307 WEST 7TH ST SUITE 400 FORT WORTH TX	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP [Blank]	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Darrell J. Gambero 307 West 7th St., Suite 400 Fort Worth TX	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVPA Candace F. Richter 307 W. 7th St., Suite 400 Fort Worth, TX	☐ 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 all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

817-348-7501

Date

Daytime Phone #

CR2E034 (9/01)