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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State
01-22-2004 90005 042 ***150.00

J40004159

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1. Entity Name
TRITON INSURANCE COMPANY

Principal Place of Business	Mailing Address
3001 MEACHAM BLVD STE 200 FORT WORTH, TX 76137-4697 US	3001 MEACHAM BLVD STE 200 FORT WORTH, TX 76137-4697 US

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2174734 ☐ Applied For ☐ Not Applicable

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
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ **Michael E. Jones**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **Assistant Secretary**

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEV RICHARD C. AGNELLO 3001 MEACHAM BLVD FORT WORTH, TX 761374697	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC GAMBERO, DARRELL J 3001 MEACHAM BLVD FORT WORTH, TX 761374697	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP DIANNA L. COOK 3001 MEACHAM BLVD FORT WORTH, TX 761374697	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP NEAVES, DAVID R 3001 MEACHAM BLVD FORT WORTH, TX 761374697	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP Dava S. Carson 3001 Meacham Blvd. Fort Worth, TX 761374697 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT PAULA D. LARKIN 3001 MEACHAM BLVD FORT WORTH, TX 761374697	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP ROHNER, REGINA 3001 MEACHAM BLVD FORT WORTH, TX 761374697	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ H. David Blodgett 1/14/04 817)820-5012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #