2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90222 050 ***150.00

DOCUMENT # F93000000033

1. Entity Name
TRITON INSURANCE COMPANY

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
307 WEST 7TH ST SUITE 400 FORT WORTH TX 76102 US	307 WEST 7TH ST SUITE 400 FORT WORTH TX 76102 US

2. Principal Place of Business	3. Mailing Address
3001 Meacham Blvd.	3001 MEACHAM Blvd.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Fort Worth, TX	City & State: Fort Worth, TX
Zip: 76137-4697 Country: USA	Zip: 76137-4697 Country: USA

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 307 WEST 7TH ST SUITE 400 FORT WORTH TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3001 Meacham Blvd., Ste. 200 Fort Worth, TX 76137-4697
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC GAMBERO, DARRELL J 307 WEST 7TH ST SUITE 400 FORT WORTH TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3001 Meacham Blvd., Ste. 200 Fort Worth, TX 76137-4697
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	☒ Change ☐ Addition 3001 Meacham Blvd., Ste. 200 Fort Worth, TX 76137-4697
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	DEVP David R. Neaves 3001 Meacham Blvd., Ste. 200 Fort Worth, TX 76137-4697 ☐ Change ☒ Addition
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	☒ Change ☐ Addition 3001 Meacham Blvd., Ste. 200 Fort Worth, TX 76137-4697
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP RICHTER, CANDACE F 307 WEST 7TH ST SUITE 400 FORT WORTH TX	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP Regina Rohner 3001 Meacham Blvd., Ste. 200 Fort Worth, TX 76137-4697 ☐ Change ☒ Addition

CR2E034 (10/02)

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: Daniel J. Valenzuela 2-14-03 817-348-7501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #