

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90035 026 ***150.00

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

Suite, Apt. #, etc.

3. Mailing Address

5915 Landerbrook Dr.

Suite, Apt. #, etc.

City & State

City & State

Cleveland, OH

4. FEI Number

74-2286759

Applied For

Not Applicable

Zip

Country

Zip

Country

44124

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Date

Daytime Phone #

2/28/02

(800) 888-8424 X321

CR2E034 (9/01)

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.