

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000033

Entity Name: TRITON INSURANCE COMPANY**Current Principal Place of Business:**3001 MEACHAM BLVD
STE 100
FORT WORTH, TX 76137-4697**Current Mailing Address:**3001 MEACHAM BLVD
STE 100
FORT WORTH, TX 76137-4697 US**FEI Number:** 59-2174734**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCED
Name	CARSON, DAVA
Address	3001 MEACHAM BOULEVARD, STE 100
City-State-Zip:	FORT WORTH TX 76137

Title	SSVD
Name	LEHMAN, GREGG H
Address	3001 MEACHAM BOULEVARD, STE 100
City-State-Zip:	FORT WORTH TX 76137

Title	SVD
Name	NEAL, RONALD D
Address	3001 MEACHAM BLVD STE 100
City-State-Zip:	FORT WORTH TX 76137-4697

Title	DIRECTOR, TREASURER
Name	VANWINKLE, DONNA
Address	3001 MEACHAM BOULEVARD, STE 100
City-State-Zip:	FORT WORTH TX 76137

Title	DIRECTOR, SENIOR VICE PRESIDENT
Name	KOPPEN, MICHAEL F
Address	3001 MEACHAM BOULEVARD, STE 100
City-State-Zip:	FORT WORTH TX 76137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGG H. LEHMAN**SECRETARY****01/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date