

F08000005270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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12/01/08--01045--010 \*\*87.50

FILED  
2008 DEC 12 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Buroh DEC 1 2 2008

*Sent an email about not charging penalty fees. Ask them to clarify it.*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Titan Insurance Company  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Vicki Turner  
(Name of Person)

Nationwide Mutual Insurance Company  
(Firm/Company)

One Nationwide Plaza, 1-35-18  
(Address)

Columbus, OH 43215-2220  
(City/State and Zip code)

For further information concerning this matter, please call:

Thomas Berridge at ( <sup>6594</sup> 614 ) 249-0878  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy



On Your Side™

Office of the Chief Legal and Governance Officer

December 9, 2008

Florida Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attention: Mr. Tim Burch

Re: Letter Number W808A00058900

Enclosed with this letter is the Application By Foreign Corporation for Authorization to Transact Business in Florida and a copy of letter number W808A00058900 regarding Titan Insurance Company. As I discussed with you, I did not understand the information that was requested in question no. 6 and am resubmitting it for your approval.

You should already have in your possession the following:

- (1) Cover Letter;
- (2) Names and business addresses of officers and/or directors;
- (1) Certified Certificate of Compliance for Titan Insurance Company; and
- (2) Check in the amount of \$87.50 for the Filing Fee, Certificate of Status & Certified Copy.

I can be reached at (614) 249-8596 or at [TURNERV3@nationwide.com](mailto:TURNERV3@nationwide.com) if you have any questions. Thank you for your assistance in this matter.

Sincerely,

Vicki A. Turner  
Senior Paralegal



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2008

VIVKI TURNER  
ONE NATIONWIDE PLAZA 1-35-18  
COLUMBUS, OH 43215-2220

SUBJECT: TITAN INSURANCE COMPANY  
Ref. Number: W08000053758

We have received your document for TITAN INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$21,911.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 808A00058900

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Titan Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Michigan

(State or country under the law of which it is incorporated)

3. 86-0619597

(FEI number, if applicable)

4. 5/27/1987

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 901 Wilshire Drive, Suite 550, Troy, MI 48084

(Principal office address)

One W. Nationwide Blvd. #76, Columbus, OH 43215-2220

(Current mailing address)

8. Insurance

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

STATE OF FLORIDA  
TALLAHASSEE  
2008 DEC 12 PM 4:20

FILED

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Richard M. Waggoner

Address: One Nationwide Plaza  
Columbus, OH 43218

Vice Chairman: Thomas E. Barnes

Address: One Nationwide Plaza  
Columbus, OH 43218

Director: Karen Hoover

Address: 901 Wilshire Drive, Suite 550  
Troy, MI 48084

Director: Michael A. Lex

Address: One Nationwide Plaza  
Columbus, OH 43218

**B. OFFICERS**

President: Katherine A. Mabe

Address: One Nationwide Plaza  
Columbus, OH 43218

Vice President: Thomas E. Barnes

Address: One Nationwide Plaza  
Columbus, OH 43218

Secretary: Robert W. Horner, III

Address: One Nationwide Plaza, Columbus, OH 43218

Treasurer: Wendell P. Crosser

Address: 1100 Locust Street, Des Moines, IA 50391

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Robert W. Horner, III

(Typed or printed name and capacity of person signing application)

Katherine A. Mabe	Director One Nationwide Plaza, Columbus, OH 43218
Eileen A. Mallesch	Director One Nationwide Plaza, Columbus, OH 43218
Stephen S. Rasmussen	Director One Nationwide Plaza, Columbus, OH 43218
Kirt A. Walker	Director One Nationwide Plaza, Columbus, OH 43218
Pamela A. Biesecker	Sr. Vice President, Head of Taxation One Nationwide Plaza, Columbus, OH 43218
John F. Campbell	Senior Vice President 5915 Landerbrook Drive, Cleveland, OH 44124
Gail G. Snyder	Senior Vice President – Chief Investment Officer One Nationwide Plaza, Columbus, OH 43218
Carol L. Dove	Vice President and Assistant Treasurer One Nationwide Plaza, Columbus, OH 43218
John P. Lebens	Vice President-Corporate Reinsurance and Risk Management One Nationwide Plaza, Columbus, OH 43218
Randall L. Orr	Vice President and Assistant Secretary One Nationwide Plaza, Columbus, OH 43218
Lawrence N. Polena	Vice President 5915 Landerbrook Drive, Cleveland, OH 44124
Amy T. Shore	Vice President-Specialty Products 280 Plaza, Columbus, OH 43215
Stuart J. Willner	Vice President 5915 Landerbrook Drive, Cleveland, OH 44124
David A. Conner	Associate Vice President and Assistant Treasurer One Nationwide Plaza, Columbus, OH 43218
Daniel J. Murphy, Jr.	Associate Vice President and Assistant Treasurer One Nationwide Plaza, Columbus, OH 43218
Kathy R. Richards	Associate Vice President and Assistant Secretary One Nationwide Plaza, Columbus, OH 43218
Kandie L. Carson	Assistant Secretary 5915 Landerbrook Drive, Cleveland, OH 44124
Timothy J. Dwyer	One Nationwide Plaza, Columbus, OH 43218
J. Morgan Elliott	One Nationwide Plaza, Columbus, OH 43218

**CERTIFICATE OF COMPLIANCE**

Office of Financial and Insurance Regulation

Effective Date: October 23, 2008

THIS IS TO CERTIFY, that

**TITAN INSURANCE COMPANY**  
( Michigan stock insurer )  
NAIC No. 36269


is organized under the laws of this State and is authorized to issue policies and transact business under the following Sections of the Insurance Code of 1956, as amended:

- Chapter 06 - Section 610 - Property
- Chapter 06 - Section 616 - Inland Marine
- Chapter 06 - Section 620 - Automobile Insurance - limited
- Chapter 06 - Section 624 - SubSection 1b - Casualty: Liability
- Chapter 06 - Section 624 - SubSection 1b - Casualty: Automobile
- Chapter 06 - Section 624 - SubSection 1c - Casualty: Plate Glass
- Chapter 06 - Section 624 - SubSection 1f - Casualty: Burglary and Theft
- Chapter 06 - Section 625 - Disability coverage supplemental to Auto Insurance
- Chapter 06 - Section 628 - Surety & Fidelity



CERTIFIED COPY      October 23, 2008

Office of Financial & Insurance Regulation

 **Department of Labor and Economic Growth  
Division of Insurance**  
I certify that this is a true and complete copy  
of the original document on file in this office.  
Date: 10/23/08 *Nichelle Finley*