

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002904

**FILED**  
**May 01, 2020**  
**Secretary of State**  
**7914589870CC**

**Entity Name:** TITAN AUTO INSURANCE OF NEW MEXICO, INC.

**Current Principal Place of Business:**

8877 NORTH GAINEY CENTER DRIVE  
SCOTTSDALE, AZ 85258

**Current Mailing Address:**

8877 NORTH GAINEY CENTER DRIVE  
SCOTTSDALE, AZ 85258 US

**FEI Number: 74-2825853**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           DIRECTOR  
Name           RIDDLE, MENDI H.  
Address        8877 NORTH GAINEY CENTER DRIVE  
  
City-State-Zip: SCOTTSDALE AZ 85258

Title           DIRECTOR  
Name           LEACH, MICHAEL P.  
Address        8877 NORTH GAINEY CENTER DRIVE  
  
City-State-Zip: SCOTTSDALE AZ 85258

Title           PRESIDENT, CHIEF OPERATING  
                  OFFICER  
Name           BERVEN, MARK A.  
Address        8877 NORTH GAINEY CENTER DRIVE  
  
City-State-Zip: SCOTTSDALE AZ 85258

Title           TREASURER  
Name           BUEHLER, ROBERT A.  
Address        8877 NORTH GAINEY CENTER DRIVE  
  
City-State-Zip: SCOTTSDALE AZ 85258

Title           SECRETARY  
Name           SKINGLE, DENISE L.  
Address        8877 NORTH GAINEY CENTER DRIVE  
  
City-State-Zip: SCOTTSDALE AZ 85258

*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: DENISE L. SKINGLE**

**SECRETARY**

**05/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date