

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005270

**FILED**  
**Jul 07, 2017**  
**Secretary of State**  
**CC5963763450**

**Entity Name:** TITAN INSURANCE COMPANY

**Current Principal Place of Business:**

22901 MILLCREEK DRIVE  
HIGHLAND HILLS, OH 44122

**Current Mailing Address:**

22901 MILLCREEK DRIVE  
HIGHLAND HILLS, OH 44122 US

**FEI Number:** 86-0619597

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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            PRESIDENT, CHIEF OPERATING  
                  OFFICER  
Name            PIZZI, MARK A.  
Address        22901 MILLCREEK DRIVE  
City-State-Zip: HIGHLAND HILLS OH 44122

Title            VICE PRESIDENT, TREASURER  
Name            CROSSER, WENDELL P.  
Address        22901 MILLCREEK DRIVE  
City-State-Zip: HIGHLAND HILLS OH 44122

Title            VICE PRESIDENT, SECRETARY  
Name            HORNER, ROBERT W. III  
Address        22901 MILLCREEK DRIVE  
City-State-Zip: HIGHLAND HILLS OH 44122

Title            DIRECTOR  
Name            BENSON , JAMES D.  
Address        22901 MILLCREEK DRIVE  
City-State-Zip: HIGHLAND HILLS OH 44122

Title            DIRECTOR  
Name            LEACH, MICHAEL P.  
Address        22901 MILLCREEK DRIVE  
City-State-Zip: HIGHLAND HILLS OH 44122

Title            DIRECTOR  
Name            POLLITT-KEY, DAWN  
Address        22901 MILLCREEK DRIVE  
City-State-Zip: HIGHLAND HILLS OH 44122

*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:** ROBERT W. HORNER, III

**SECRETARY**

**07/07/2017**

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

\_\_\_\_\_  
Date