

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P24226

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC6873373250**

**Entity Name:** TITAN INDEMNITY COMPANY

**Current Principal Place of Business:**

9903 NATIONWIDE DR  
SAN ANTONIO, TX 78251

**Current Mailing Address:**

9903 NATIONWIDE DR  
SAN ANTONIO, TX 78251 US

**FEI Number:** 74-2286759

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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, DIRECTOR  
Name            BENSON, JAMES D  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            VICE PRESIDENT AND SECRETARY  
Name            HORNER, ROBERT W III  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            VICE PRESIDENT AND TREASURER,  
DIRECTOR  
Name            CROSSER, WENDELL P  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            SENIOR VICE PRESIDENT-HEAD OF  
TAXATION  
Name            BIESECKER, PAMELA A.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            ALBERTINI, RAYMOND F  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            BERES, MARK W  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            LEACH, MICHAEL P.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            MCGRAIL, BRIAN  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

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*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

**04/27/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ZEIGLER, ALAN C  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215