

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005270

Entity Name: TITAN INSURANCE COMPANY

FILED
Apr 12, 2011
Secretary of State

Current Principal Place of Business:

901 WILSHIRE DRIVE, STE 550
TROY, MI 48084

New Principal Place of Business:

Current Mailing Address:

901 WILSHIRE DRIVE, STE 550
TROY, MI 48084

New Mailing Address:

FEI Number: 86-0619597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PDIR
Name: MABE, KATHERINE A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: SVP
Name: BIESECKER, PAMELA A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: SEC
Name: HORNER, ROBERT W III
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: TREA
Name: CROSSER, WENDELL P
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: DIR
Name: HOOVER, KAREN
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: DIR
Name: LEX, MICHAEL A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

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: ANNE MEYER

POA

04/12/2011

Electronic Signature of Signing Officer or Director

Date