

No. C 193957		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. NATIONAL TITLE INSURANCE OF NEW YORK INC. MADELINE LOVEJOY 2510 N. REDHILL AVENUE SANTA ANA CA 92705 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	RAYMOND R QUIRK	601 RIVERSIDE AVENUE	JACKSONVILLE	FL	USA	32204
DIRECTOR	MICHAEL L GRAVELLE	601 RIVERSIDE AVENUE	JACKSONVILLE	FL	USA	32204
TREASURER	DANIEL K MURPHY	601 RIVERSIDE AVENUE	JACKSONVILLE	FL	USA	32204
SECRETARY	MICHAEL L GRAVELLE	601 RIVERSIDE AVENUE	JACKSONVILLE	FL	USA	32204
PRESIDENT	RAYMOND R QUIRK	601 RIVERSIDE AVENUE	JACKSONVILLE	FL	USA	32204
5. Organized Under the Laws of: NY C 193957		6. Annual Report must be signed.* Signature: Madeline Lovejoy Name (type or print): Madeline Lovejoy Date: 03/19/2014 Title: Asst. VP and Asst. Secretary				
Processed 03/19/2014		* Electronically provided signatures are accepted as original signatures.				