

|                                                                                                                                                        |                    |                                                                                                                                                                                                                       |              |                                                                    |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------|---------|-------------|
| No. <b>C 193957</b>                                                                                                                                    |                    | <b>Due no later than Mar 31, 2018</b>                                                                                                                                                                                 |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>NATIONAL TITLE INSURANCE OF NEW YORK INC.<br>MADELINE GM LOVEJOY<br>3210 EL CAMINO REAL<br>SUITE 200<br>IRVINE CA 92602 |              | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |         |             |
|                                                                                                                                                        |                    |                                                                                                                                                                                                                       |              | 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 | 1701 VILLAGE CENTER CIRCLE                                                                                                                                                                                            | LAS VEGAS    | NV                                                                 | USA     | 89134       |
| TREASURER                                                                                                                                              | DANIEL K MURPHY    | 601 RIVERSIDE AVENUE                                                                                                                                                                                                  | JACKSONVILLE | FL                                                                 | USA     | 32204       |
| SECRETARY                                                                                                                                              | MICHAEL L GRAVELLE | 1701 VILLAGE CENTER CIRCLE                                                                                                                                                                                            | LAS VEGAS    | NV                                                                 | USA     | 89134       |
| PRESIDENT                                                                                                                                              | RAYMOND R QUIRK    | 601 RIVERSIDE AVENUE                                                                                                                                                                                                  | JACKSONVILLE | FL                                                                 | USA     | 32204       |
| 5. Organized Under the Laws of:<br><br><b>NY<br/>C 193957</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Madeline GM Lovejoy<br>Name (type or print): Madeline GM Lovejoy<br>Date: 02/22/2018<br>Title: Assistant Vice President                                               |              |                                                                    |         |             |
| Processed 02/22/2018                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                                             |              |                                                                    |         |             |