

No. C 193957		Due no later than Mar 31, 2017 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. NATIONAL TITLE INSURANCE OF NEW YORK INC. MADELINE LOVEJOY 3210 EL CAMINO REAL SUITE 200 IRVINE CA 92602		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G 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: NY C 193957		6. Annual Report must be signed.* Signature: Madeline GM Lovejoy Name (type or print): Madeline GM Lovejoy					
		Date: 03/09/2017 Title: Assistant Vice President					
Processed 03/09/2017		* Electronically provided signatures are accepted as original signatures.					