No. <b>C 101810</b> Return to:		Due no later than Apr 30, 2008  Annual Report Form		2. Registered A	Registered Agent and Address (NO PO BOX)     MICHELLE FINK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NORTH IDAHO TITLE INSURANCE, INC.  PATRICIA A. LAFFIN  185 FULWEILER AVE.  AUBURN CA 95603		700 NORTHWEST BLVD COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA USA		ea rigene o				
4. Corporations: Enter N	ames and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY TREASURER DIRECTOR PRESIDENT	PATRICIA A. LAFFIN DAVID M. PHILIPP MARSHA A. EMMETT JAMES R. JOHNSTON		185 FULWEILER AVE. 189 FULWEILER AVE 1512 EUREKA ROAD SUITE 120 1512 EUREKA ROAD SUITE 120	AUBURN AUBURN ROSEVILLE ROSEVILLE	CA CA CA CA	USA USA USA USA	95603 95603 95661 95661	
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Patricia A. Laffin Date: 02/28/2008						
C 101810		Name (type or print): Patricia A. Laffin		Title: Exec Vp/sect.				
Processed 02/28/2008		* Electronically provided signatures are accepted as original signatures.						