2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# F00000003874

Entity Name: PREMIER LAND TITLE INSURANCE COMPANY

Current Principal Place of Business:

100 BLOOMFIELD HILLS PARKWAY
SUITE 300
BLOOMFIELD HILLS, MI 48304 US

New Principal Place of Business:

Current Mailing Address:

100 BLOOMFIELD HILLS PARKWAY
SUITE 300
BLOOMFIELD HILLS, MI 48304 US

New Mailing Address:

FEI Number: 93-1163025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DP
Name: PRUITT, RONALD
Address: 100 BLOOMFIELD HILLS PARKWAY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

Title: DVAS
Name: SULLIVAN, MICHAEL
Address: 100 BLOOMFIELD HILLS PARKWAY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

Title: V
Name: CAMPBELL, PATRICIA L
Address: 100 BLOOMFIELD HILLS PARKWAY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

Title: AVP
Name: SMITH, JENNAE
Address: 100 BLOOMFIELD HILLS PARKWAY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

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: JENNAE SMITH AVP 04/16/2012

Electronic Signature of Signing Officer or Director — Date