

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004110

FILED
Feb 09, 2011
Secretary of State

Entity Name: ENTITLE INSURANCE COMPANY

Current Principal Place of Business:

4600 ROCKSIDE RD, SUITE 104
INDEPENDENCE, OH 44131

New Principal Place of Business:

Current Mailing Address:

4600 ROCKSIDE RD, SUITE 104
INDEPENDENCE, OH 44131

New Mailing Address:

FEI Number: 34-1252928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CD
Name: DWYER, TIMOTHY M
Address: 263 TRESSER BLVD, 1 STAMFORD PLAZA, 16 FL
City-St-Zip: STAMFORD, CT 06901

Title: PD
Name: WAIWOOD, MICHAEL F
Address: 4600 ROCKSIDE RD., SUITE 104
City-St-Zip: INDEPENDENCE, OH 44131

Title: T
Name: POLOMSKY, KAREN
Address: 4600 ROCKSIDE RD., SUITE 104
City-St-Zip: INDEPENDENCE, OH 44131

Title: D
Name: CLARK, HANLEY C
Address: 1520 VIRGINIA ST EAST
City-St-Zip: CHARLESTON, WV 25311

Title: DS
Name: SHOENFELT, JAMES S
Address: 3717 LATIMORE RD.
City-St-Zip: SHAKER HTS., OH 44122

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: KAREN POLOMSKY

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02/09/2011

Electronic Signature of Signing Officer or Director

_____ Date