FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90123 048 ***150.00

000466

DOCUMENT # F96000002001

1. Corporation Name
CAPITAL TITLE REINSURANCE COMPANY

Principal Place of Business	Mailing Address
1325 AVENUE OF THE AMERICAS. 18TH FL NEW YORK NY 10019	1325 AVENUE OF THE AMERICAS. 18TH FL NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/23/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27.
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 06-1434264 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☒ DELETE	1.1 TITLE	CEO, Chairman	☐ Change ☒ Addition
NAME	SATZ, MICHAEL E		1.2 NAME	Jerome F. Jurschak	
STREET ADDRESS	1325 AVENUE OF THE AMERICAS, 18TH FL		1.3 STREET ADDRESS	1325 Avenue of the Americas	
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP	NY, NY 10019	
TITLE	CEO	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SATZ, MICHAEL E		2.2 NAME		
STREET ADDRESS	1325 AVENUE OF THE AMERICAS, 18TH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		2.4 CITY-ST-ZIP		
TITLE	VCFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUZEN, DAVID A		3.2 NAME		
STREET ADDRESS	1325 AVENUE OF THE AMERICAS, 18TH FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUZEN, DAVID A		4.2 NAME		
STREET ADDRESS	1325 AVENUE OF THE AMERICAS, 18TH FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	President	☒ Change ☐ Addition
NAME	DONNELLY, LAURENCE C.D.		5.2 NAME	Donnelly, Laurence C.D.	
STREET ADDRESS	1325 AVENUE OF THE AMERICAS, 18TH FL		5.3 STREET ADDRESS	1325 Avenue of the Americas	
CITY-ST-ZIP	NEW YORK NY 10019		5.4 CITY-ST-ZIP	NY, NY 10019	
TITLE	VASD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROSEMAN, ALAN S		6.2 NAME		
STREET ADDRESS	1325 AVENUE OF THE AMERICAS, 18TH FL		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/12/99 212-974-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alan S. Roseman Sr. V.P. General Counsel