

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812918

**Entity Name:** COMMONWEALTH LAND TITLE INSURANCE COMPANY**Current Principal Place of Business:**601 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204**Current Mailing Address:**C/O MADELINE G. M. LOVEJOY  
2510 N REDHILL AVE  
SANTA ANA, CA 92705 US**FEI Number:** 23-1253755**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 US*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**Officer/Director Detail :**

Title	SVPT
Name	MURPHY, DANIEL K
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	EVPS
Name	GRAVELLE, MICHAEL L
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	DCFO
Name	PARK, ANTHONY J
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	PCEO
Name	QUIRK, RAYMOND R
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	D, PRESIDENT
Name	JEWKES, ROGER S
Address	3760 STATE STREET SUITE 201
City-State-Zip:	SANTA BARBARA CA 93105

Title	DP
Name	MEINHARDT, ERIKA
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	AVP/AS
Name	LOVEJOY, MADELINE GM
Address	2510 N REDHILL AVE
City-State-Zip:	SANTA ANA CA 92705

*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:** MADELINE GM LOVEJOY

AVP/AS

03/05/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date