# 2016 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
3210 EL CAMINO REAL STE 200
IRVINE,  CA  92602  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 | | Title | EVPS |
| Name | MURPHY, DANIEL K | | Name | GRAVELLE, MICHAEL L |
| Address | 601 RIVERSIDE AVE. | | Address | 1701 VILLAGE CENTER CIRCLE |
| City-State-Zip: | JACKSONVILLE  FL  32204 | | City-State-Zip: | LAS VEGAS  NV  89134 |
| Title | DCFO | | Title | PCEO |
| Name | PARK, ANTHONY J | | Name | QUIRK, RAYMOND R |
| Address | 601 RIVERSIDE AVE. | | Address | 601 RIVERSIDE AVE. |
| City-State-Zip: | JACKSONVILLE  FL  32204 | | City-State-Zip: | JACKSONVILLE  FL  32204 |
| Title | D, PRESIDENT | | Title | DP |
| Name | JEWKES, ROGER S | | Name | MEINHARDT, ERIKA |
| Address | 1701 VILLAGE CENTER CIRCLE | | Address | 601 RIVERSIDE AVE. |
| City-State-Zip: | LAS VEGAS  NV  89134 | | City-State-Zip: | JACKSONVILLE  FL  32204 |
| Title | AVP/AS | | | |
| Name | LOVEJOY, MADELINE GM | | | |
| Address | 3210 EL CAMINO REAL STE 200 | | | |
| City-State-Zip: | IRVINE  CA  92602 | | | |

*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                 02/22/2016

Electronic Signature of Signing Officer/Director Detail                                   Date