

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004110

Entity Name: ENTITLE INSURANCE COMPANY

Current Principal Place of Business:

3 SUMMIT PARK DRIVE,
SUITE 525
INDEPENDENCE, OH 44131

Current Mailing Address:

3 SUMMIT PARK DRIVE,
SUITE 525
INDEPENDENCE, OH 44131 US

FEI Number: 34-1252928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRES
Name DWYER, TIMOTHY M
Address 281 TRESSER BLVD., 6TH FL
City-State-Zip: STAMFORD CT 06901

Title CFO
Name SHEFFIELD, JOHN
Address 281 TRESSER BLVD., 6TH FL
City-State-Zip: STAMFORD CT 06901

Title COO
Name BASKEY, LEE
Address 3 SUMMIT PARK DRIVE,
 SUITE 525
City-State-Zip: INDEPENDENCE OH 44131

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

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

Title ASST. SECRETARY
Name KALE, SHEILA
Address 3 SUMMIT PARK DRIVE,
 SUITE 525
City-State-Zip: INDEPENDENCE OH 44131

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: SHEILA KALE _____

ASSISTANT SECRETARY 03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date