

**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