

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004110

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC1971793707**

**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            PRESIDENT  
Name            BASKEY , LEE H  
Address        3 SUMMIT PARK DRIVE,  
                  SUITE 525  
City-State-Zip: INDEPENDENCE OH 44131

Title            CEO  
Name            PALMER , STEVE  
Address        3 SUMMIT PARK DRIVE,  
                  SUITE 525  
City-State-Zip: INDEPENDENCE OH 44131

Title            DIRECTOR  
Name            PALMER, STEVE  
Address        3 SUMMIT PARK DRIVE,  
                  SUITE 525  
City-State-Zip: INDEPENDENCE OH 44131

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

Title            DIRECTOR  
Name            CELLIE, NICHOLAS  
Address        3 SUMMIT PARK DRIVE,  
                  SUITE 525  
City-State-Zip: INDEPENDENCE OH 44131

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

Title            VP  
Name            LAUDERBAUGH, KIMBERLY  
Address        3 SUMMIT PARK DRIVE,  
                  SUITE 525  
City-State-Zip: INDEPENDENCE OH 44131

Title            VP  
Name            BOCCARDI , MARIA  
Address        3 SUMMIT PARK DRIVE,  
                  SUITE 525  
City-State-Zip: INDEPENDENCE OH 44131

**Continues on page 2**

*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:** RUBY GASS

**ASST CONTROLLER**

**03/28/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BRADFORD, VALERIE  
Address 3 SUMMIT PARK DRIVE,  
SUITE 525  
City-State-Zip: INDEPENDENCE OH 44131

Title ASST. SECRETARY  
Name GASS, RUBY  
Address 3 SUMMIT PARK DR.  
SUITE 525  
City-State-Zip: INDEPENDENCE OH 44131

Title DIRECTOR  
Name PESTCOE, MARVIN  
Address 3 SUMMIT PARK DR.  
SUITE 525  
City-State-Zip: INDEPENDENCE OH 44131