

2017 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

FILED
Apr 28, 2017
Secretary of State
CC2025522079

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 ASST. SECRETARY
Name JEAN-PIERRE, MARYSE
Address 800 RIVER PARK, 3RD FLOOR
City-State-Zip: NORWALK CT 06854

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 DWYER, TIMOTHY
Address 3 SUMMIT PARK DRIVE,
SUITE 525
City-State-Zip: INDEPENDENCE OH 44131

Title DIRECTOR
Name CLARK , HANLEY C
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

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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: LEE H. BASKEY

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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