

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654679

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: AMERICAN PIONEER TITLE INSURANCE COMPANY

## Current Principal Place of Business:

493 E.SEMORAN BLVD.  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

493 E.SEMORAN BLVD.  
CASSELBERRY, FL 32707

## New Mailing Address:

17911 VON KARMAN AVE., SUITE 300  
IRVINE, CA 92614

FEI Number: 59-1971665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HAUGHTON, WALTER ROGER  
Address: 601 MONTGOMERY STREET  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: PDC ( ) Delete  
Name: LASSITER, ROY W  
Address: 493 E.SEMORAN BLVD.  
City-St-Zip: CASSELBERRY, FL

Title: VSD ( ) Delete  
Name: DANIELS, GEORGE P  
Address: 493 E.SEMORAN BLVD.  
City-St-Zip: CASSELBERRY, FL

Title: VD ( ) Delete  
Name: RUMSEY, STEPHEN T  
Address: 493 E.SEMORAN BLVD.  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: FULFORD, III, JOHN H  
Address: 601 MONTGOMERY ST  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: D ( ) Delete  
Name: LORENZEN, JOHN MARTIN  
Address: 601 MONTGOMERY STREET  
City-St-Zip: SAN FRANCISCO, CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCOB (X) Change ( ) Addition  
Name: FOLEY, II, WILLIAM P  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DP (X) Change ( ) Addition  
Name: QUIRK, RAYMOND R  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SVPS (X) Change ( ) Addition  
Name: JOHNSON, TODD C  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DCFO (X) Change ( ) Addition  
Name: STINSON, ALAN L  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D (X) Change ( ) Addition  
Name: MEINHARDT, ERIKA  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: EVP (X) Change ( ) Addition  
Name: ABBINANTE, CHRISTOPHER  
Address: 171 N. CLARK STREET  
City-St-Zip: CHICAGO, IL 60601 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TODD C. JOHNSON (MMB)

SVPS

04/16/2004

Electronic Signature of Signing Officer or Director

Date