

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811934

FILED
Apr 14, 2005
Secretary of State

Entity Name: NATIONAL TITLE INSURANCE OF NEW YORK INC.

Current Principal Place of Business:

2 PARK AVE
3RD FLOOR
NEW YORK, NY 10016 US

New Principal Place of Business:

Current Mailing Address:

17911 VON KARMAN AVE
SUITE 300
IRVINE, CA 92614 US

New Mailing Address:

FEI Number: 11-0627325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: LOWTHER, MICHAEL C
Address: 17911 VON KARMAN AVE., STE 275
City-St-Zip: IRVINE, CA 92614 US

Title: P () Delete
Name: DIAZ, WAYNE D
Address: 17911 VON KARMAN AVE., STE 275
City-St-Zip: IRVINE, CA 92614 US

Title: CFO () Delete
Name: STINSON, ALAN L
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: EVP () Delete
Name: FERGUSON, BARBARA
Address: 17911 VON KARMAN AVE., STE 275
City-St-Zip: IRVINE, CA 92614 US

Title: VCAS () Delete
Name: BUNTON, JOANN N
Address: 17911 VON KARMAN AVE., STE 275
City-St-Zip: IRVINE, CA 92614 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: ABBINANTE, CHRISTOPHER
Address: 171 N. CLARK STREET, 8TH FLOOR
City-St-Zip: CHICAGO, IL 60601 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: FARENGA, PATRICK G
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SVPS

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date