2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#811934

Apr 23, 2007 Secretary of State

Entity Name: NATIONAL TITLE INSURANCE OF NEW YORK INC.

Current Principal Place of Business: New Principal Place of Business: ONE PARK AVENUE **SUITE 1402** NEW YORK, NY 10016 **New Mailing Address: Current Mailing Address:** 17911 VON KARMAN AVE SUITE 300 IRVINE, CA 92614 FEI Number: 11-0627325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO () Delete Title: (X) Change () Addition QUIRK, RAYMOND R SWENSON, ERIC D Name: Name: 601 RIVERSIDE AVE. 601 RIVERSIDE AVE. Address: Address: JACKSONVILLE, FL 32204 US City-St-Zip: JACKSONVILLE, FL 32204 US City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: ABBINANTE, CHRISTOPHER Name: SAX, MICHAEL E 601 RIVERSIDE AVE. 601 RIVERSIDE AVE Address: Address: JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition CFO DS PARK, ANTHONY J JOHNSON, TODD C Name: Name: 601 RIVERSIDE AVE 601 RIVERSIDE AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 US City-St-Zip: JACKSONVILLE, FL 32204 US Title: SVP () Delete Title: (X) Change () Addition RICHARDS, JONATHAN A RICHARDS, JONATHAN A Name: Name: Address: ONE PARK AVENUE Address: ONE PARK AVENUE City-St-Zip: NEW YORK, NY 10016 US City-St-Zip: NEW YORK, NY 10016 US Title: Title: (X) Change () Addition () Delete QUINTERNO, CHRISTOPHER FARENGA, PATRICK G Name: Name: 601 RIVERSIDE AVE. Address: 601 RIVERSIDE AVE. Address: JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US City-St-Zip: City-St-Zip: Title: **SVPS** (X) Delete Title: () Change () Addition JOHNSON, TODD C Name: Name: Address: 601 RIVERSIDE AVE Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MADELINE BAREWALD AVP 04/23/2007