

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811934

FILED
Jan 14, 2009
Secretary of State

Entity Name: NATIONAL TITLE INSURANCE OF NEW YORK INC.

Current Principal Place of Business:

ONE PARK AVENUE
SUITE 1402
NEW YORK, NY 10016 US

New Principal Place of Business:

Current Mailing Address:

C/O LEGAL DEPT.
601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 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:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: DP () Delete
Name: SWENSON, ERIC D
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DT () Delete
Name: SAX, MICHAEL E
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

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

Title: D () Delete
Name: RICHARDS, JONATHAN A
Address: ONE PARK AVENUE
City-St-Zip: NEW YORK, NY 10016 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: ALVARADO, JENNIFER F
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

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

Title: CEO (X) Change () Addition
Name: CARBIENER, JEFFREY S
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: CFO () Change (X) Addition
Name: CHAN, FRANCIS K
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VAS () Change (X) Addition
Name: HALEY, COLLEEN E
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify 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: COLLEEN E. HALEY

VAS

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date