2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# 811934

Entity Name: NATIONAL TITLE INSURANCE OF NEW YORK INC.

Current Principal Place of Business:

5 PETERS CANYON ROAD
IRVINE, CA 92606 US

New Principal Place of Business:

Current Mailing Address:

C/O LEGAL DEPT./APRIL JOHNSON
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

OFFICERS AND DIRECTORS:

Title: P
Name: DUFFICY, JAMES J
Address: 5 PETERS CANYON ROAD
City-St-Zip: IRVINE, CA 92606 US

Title: VPCS
Name: HALEY, COLLEEN E
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: TREA
Name: ALVARADO, JENNIFER F
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VP
Name: FINNELL, GARY J
Address: 3220 EL CAMINO REAL
City-St-Zip: IRVINE, CA 92602 US

Title: D
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: SCHEUBLE, DANIEL T
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

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: COLLEEN E. HALEY VPCS 01/03/2012

Electronic Signature of Signing Officer or Director — Date