


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 812918</b>	
1. Entity Name <b>COMMONWEALTH LAND TITLE INSURANCE COMPANY</b>	

Principal Place of Business <b>1700 MARKET SQUARE 21ST FLOOR PHILADELPHIA, PA 19103-3990 US</b>	Mailing Address <b>5600 COX RD GLEN ALLEN, VA 23060 US</b>
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**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>23-1253755</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT RAMOS, RONALD B 5600 COX RD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KING, ANNA M 5600 COX RD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP EVANS, WILLIAM G 5600 COX RD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CHANDLER, THEODORE L JR 5600 COX RD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAUGHAN, HOPE M 5600 COX RD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UD00000889977  
04/22/08-80076-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Anna M. King **4.8.08** **804 2678414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #