2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#812918

Entity Name: COMMONWEALTH LAND TITLE INSURANCE COMPANY

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

1700 MARKET SQUARE 601 RIVERSIDE AVE.

21ST FLOOR JACKSONVILLE, FL 32204 US

PHILADELPHIA, PA 191033990 US

Current Mailing Address: New Mailing Address:

5600 COX RD

GLEN ALLEN, VA 23060 US

C/O MADELINE BAREWALD
2510 N REDHILL AVE

SANTA ANA, CA 92705 US

FEI Number: 23-1253755 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 323990000 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: SVPT () Delete Title: SVPT (X) Change () Addition

 Name:
 RAMOS, RONALD B
 Name:
 MURPHY, DANIEL K

 Address:
 5600 COX RD
 Address:
 601 RIVERSIDE AVE.

 City-St-Zip:
 GLEN ALLEN, VA 23060
 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: VPS () Delete Title: EVPS (X) Change () Addition

 Name:
 KING, ANNA M
 Name:
 GRAVELLE, MICHAEL L

 Address:
 5600 COX RD
 Address:
 4050 CALLE REAL

City-St-Zip: GLEN ALLEN, VA 23060 City-St-Zip: SANTA BARBARA, CA 93110

Title: SEVP () Delete Title: DCFO (X) Change () Addition Name: EVANS, WILLIAM G Name: PARK, ANTHONY J

 Address:
 5600 COX RD
 Address:
 601 RIVERSIDE AVE.

 City-St-Zip:
 GLEN ALLEN, VA 23060
 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: PCEO () Delete Title: PCEO (X) Change () Addition

 Name:
 CHANDLER, THEODORE L JR
 Name:
 QUIRK, RAYMOND R

 Address:
 5600 COX RD
 Address:
 601 RIVERSIDE AVE.

 City-St-Zip:
 GLEN ALLEN, VA 23060
 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: AS () Delete Title: D (X) Change () Addition

 Name:
 VAUGHAN, HOPE M
 Name:
 JEWKES, ROGER S

 Address:
 5600 COX RD
 Address:
 4050 CALLE REAL

City-St-Zip: GLEN ALLEN, VA 23060 City-St-Zip: SANTA BARBARA, CA 93110

Title: D () Change (X) Addition

 Name:
 Name:
 ABBINANTE, CHRISTOPHER

 Address:
 Address:
 601 RIVERSIDE AVE.

 City-St-Zip:
 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: MADELINE BAREWALD AVP 03/20/2009

Electronic Signature of Signing Officer or Director

Date