

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820736

FILED
Feb 12, 2010
Secretary of State

Entity Name: TICOR TITLE INSURANCE COMPANY

Current Principal Place of Business:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

2510 N. REDHILL AVE.
C/O MADELINE BAREWALD
SANTA ANA, CA 92705 US

New Mailing Address:

FEI Number: 95-2410872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO 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: CPD
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SVPT
Name: MURPHY, DANIEL K
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: EVPS
Name: GRAVELLE, MICHAEL L
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: EVPD
Name: ABBINANTE, CHRISTOPHER
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: CFO
Name: PARK, ANTHONY J
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: EVPD
Name: MEINHARDT, ERIKA
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

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: MICHAEL L. GRAVELLE

EVPS

02/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date