

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837126

FILED
Mar 16, 2004
Secretary of State

Entity Name: SECURITY UNION TITLE INSURANCE COMPANY

Current Principal Place of Business:

4050 CALLE REAL
SANTA BARBARA, CA 93110 US

New Principal Place of Business:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

Current Mailing Address:

171 N. CLARK ST
ML 08RS
CHICAGO, IL 606013294 US

New Mailing Address:

FEI Number: 95-2216067 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 323990000 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 () Delete
Name: QUIRK, RAYMOND R
Address: 4050 CALLE REAL
City-St-Zip: SANTA BARBARA, CA 93110 US

Title: VPS () Delete
Name: VELEZ, JR., FERNANDO
Address: 4050 CALLE REAL
City-St-Zip: SANTA BARBARA, CA 93110 US

Title: VAS () Delete
Name: VAN ROEYEN, EILEEN W
Address: 171 N. CLARK STREET
City-St-Zip: CHICAGO, IL 60601

Title: EVP () Delete
Name: ABBINANTE, CHRISTOPHER
Address: 171 N. CLARK ST.
City-St-Zip: CHICAGO, IL 60601

Title: ECFO () Delete
Name: STINSON, ALAN L
Address: 4050 CALLE REAL
City-St-Zip: SANTA BARBARA, CA 93110

Title: ED () Delete
Name: RAIN, BURTON J
Address: 4050 CALLE REAL
City-St-Zip: SANTA BARBARA, CA 93110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SVPS (X) Change () Addition
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

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

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

Title: ECFO (X) Change () Addition
Name: STINSON, ALAN L
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: ED (X) Change () Addition
Name: RAIN, BURTON J
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 for the exemption stated in Section 119.07(3)(i), 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: TODD C. JOHNSON (MMB)

SVPS

03/16/2004

Electronic Signature of Signing Officer or Director

_____ Date