

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005657

FILED
Jan 29, 2007
Secretary of State

Entity Name: CENSTAR TITLE INSURANCE COMPANY

Current Principal Place of Business:

1500 SOUTH DAIRY ASHFORD, SUITE 300
HOUSTON, TX 77077

New Principal Place of Business:

Current Mailing Address:

7777 WASHINGTON AVENUE SOUTH
EDINA, MN 55439

New Mailing Address:

FEI Number: 74-0891060

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOIS, MELVILLE R
Address: 7777 WASHINGTON AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 55439

Title: SVP () Delete
Name: ANDRIOLE, JANINE
Address: 7777 WASHINGTON AVE SOUTH
City-St-Zip: EDINA, MN 55439

Title: T () Delete
Name: VELTRI, STEPHEN P
Address: 3200 E. CAMELBACK RD., #105
City-St-Zip: PHOENIX, AZ 85018

Title: D () Delete
Name: KERMOTT, GARY L
Address: 1 FIRST AMERICAN WAY
City-St-Zip: SANTA ANA, CA 92707

Title: VPS () Delete
Name: COLLINS, KATHLEEN M
Address: 1 FIRST AMERICAN WAY
City-St-Zip: SANTA ANA, CA 92707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOIS, MELVILLE R
Address: 7777 WASHINGTON AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 55439

Title: SVP (X) Change () Addition
Name: ANDRIOLE, JANINE
Address: 7777 WASHINGTON AVE SOUTH
City-St-Zip: EDINA, MN 55439

Title: TREA (X) Change () Addition
Name: VELTRI, STEPHEN P
Address: 3200 E. CAMELBACK RD., #105
City-St-Zip: PHOENIX, AZ 85018

Title: DIR (X) Change () Addition
Name: KERMOTT, GARY L
Address: 1 FIRST AMERICAN WAY
City-St-Zip: SANTA ANA, CA 92707

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN A ELZEA

OFCR

01/29/2007

Electronic Signature of Signing Officer or Director

_____ Date