

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003517

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: NORTHEAST INVESTORS TITLE INSURANCE COMPANY

## Current Principal Place of Business:

121 N. COLUMBIA STREET  
CHAPEL HILL, FL 37514

## New Principal Place of Business:

## Current Mailing Address:

P.O. DRAWER 2687  
CHAPEL HILL, NC 275152687

## New Mailing Address:

P.O. DRAWER 2687  
CHAPEL HILL, NC 27515 26

FEI Number: 57-0557957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: COBD ( ) Delete  
Name: FINE, J. ALLEN  
Address: 121 N. COLUMBIA STREET  
City-St-Zip: CHAPEL HILL, FL 37514

Title: PCOO ( ) Delete  
Name: FINE, W. MORRIS  
Address: 121 N. COLUMBIA STREET  
City-St-Zip: CHAPEL HILL, FL 37514

Title: CFO ( ) Delete  
Name: FINE, JAMES A JR.  
Address: 121 N. COLUMBIA STREET  
City-St-Zip: CHAPEL HILL, FL 37514

Title: EVP ( ) Delete  
Name: SNEAD, GEORGE A  
Address: 121 N. COLUMBIA STREET  
City-St-Zip: CHAPEL HILL, FL 37514

Title: AS ( ) Delete  
Name: CRABILL, ROBERT A  
Address: 121 N. COLUMBIA STREET  
City-St-Zip: CHAPEL HILL, FL 27514

Title: VPT ( ) Delete  
Name: LEWTER, ELIZABETH B  
Address: 121 N. COLUMBIA STREET  
City-St-Zip: CHAPEL HILL, FL 37514

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ROBERT CRABILL

AS

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date