

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004981

1. Entity Name
UNITED CAPITAL TITLE INSURANCE COMPANY



Principal Place of Business
**3250 WILSHIRE BLVD., SUITE 1800
LOS ANGELES, CA 90010**

Mailing Address
**3250 WILSHIRE BLVD., SUITE 1800
LOS ANGELES, CA 90010**



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4469284

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMOLAR, JEROME M
STREET ADDRESS	3250 WILSHIRE BLVD., SUITE 1800
CITY- ST- ZIP	LOS ANGELES, CA 90010
TITLE	V
NAME	GATES, GORDEN E
STREET ADDRESS	3250 WILSHIRE BLVD., SUITE 1800
CITY- ST- ZIP	LOS ANGELES, CA 90010
TITLE	SD
NAME	DZIEN, KENNTHE E
STREET ADDRESS	3250 WILSHIRE BLVD., SUITE 1800
CITY- ST- ZIP	LOS ANGELES, CA 90010
TITLE	VC
NAME	VAN HIRTUM, HENRI J
STREET ADDRESS	3250 WILSHIRE BLVD., SUITE 1800
CITY- ST- ZIP	LOS ANGELES, CA 90010
TITLE	C
NAME	HEAD, DONALD R
STREET ADDRESS	14648 N SCOTTSDALE RD., SUTIE 125
CITY- ST- ZIP	SCOTTSDALE, AZ 85254
TITLE	T
NAME	WALKER, MARK C
STREET ADDRESS	14648 N SCOTTSDALE RD., SUTIE 125
CITY- ST- ZIP	SCOTTSDALE, AZ 85254

U000000569256
07/11/06-80018-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEROME M. SMOLAR

7/5/06

213-385-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #