

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004981

FILED
Feb 18, 2010
Secretary of State

Entity Name: UNITED CAPITAL TITLE INSURANCE COMPANY

Current Principal Place of Business:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 95-4469284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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: PD
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: DEVP
Name: PARK, ANTHONY J
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

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

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

Title: D
Name: ABBINANTE, CHRISTOPHER
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: NEMZURA, MARJORIE
Address: 171 N. CLARK STREET, 8TH FLOOR
City-St-Zip: CHICAGO, IL 60601

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

02/18/2010

Electronic Signature of Signing Officer or Director

Date