

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

RECEIVED JUL 10 2006  
FILED

Jul 21, 2006 08:00 AM  
Secretary of State

DOCUMENT # F05000007185

1. Entity Name  
CONESTOGA TITLE INSURANCE CO.



Principal Place of Business  
123 EAST KING STREET  
LANCASTER, PA 17602

Mailing Address  
123 EAST KING STREET  
LANCASTER, PA 17602



07072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-1914683

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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)

U00000571680  
07/21/06 88885 017 150.00

**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	CP
NAME	FERGUSON MUSSER, SAM
STREET ADDRESS	201 SOUTH CHURCH STREET
CITY-ST-ZIP	QUARRYVILLE, PA 17566
TITLE	D
NAME	RISK, STEVEN PAUL
STREET ADDRESS	652 VALLEY ROAD
CITY-ST-ZIP	QUARRYVILLE, FL 17566
TITLE	D
NAME	HALLGREEN, CARL RICHARD
STREET ADDRESS	129 SOUTH MARKET STREET
CITY-ST-ZIP	MOUNT JOY, PA 17522
TITLE	AS
NAME	SOLARZ, HELEN J
STREET ADDRESS	5270 LINCOLN HIGHWAY EAST
CITY-ST-ZIP	GAP, PA 17527
TITLE	S
NAME	CREASY, MARY LOU
STREET ADDRESS	45 FRONT STREET
CITY-ST-ZIP	LITITZ, PA 17543
TITLE	T
NAME	MUSSEY HOY, BARBARA LOUISE
STREET ADDRESS	206 BECKS LANE
CITY-ST-ZIP	WILMINGTON, DE 19807

**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:

*Mary Lou Creasy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #