

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90093 010 \*\*\*150.00

**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

40113241



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

23-1914683

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete  
NAME FERGUSON MUSSER, SAM  
STREET ADDRESS 201 SOUTH CHURCH STREET  
CITY-ST-ZIP QUARRYVILLE, PA 17566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RISK, STEVEN PAUL  
STREET ADDRESS 652 VALLEY ROAD  
CITY-ST-ZIP QUARRYVILLE, FL 17566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HALLGREEN, CARL RICHARD  
STREET ADDRESS 129 SOUTH MARKET STREET  
CITY-ST-ZIP MOUNT JOY, PA 17522

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME SOLARZ, HELEN J  
STREET ADDRESS 5270 LINCOLN HIGHWAY EAST  
CITY-ST-ZIP GAP, PA 17527

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME CREASY, MARY LOU  
STREET ADDRESS 45 FRONT STREET  
CITY-ST-ZIP LITITZ, PA 17543

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME MUSSER HOY, BARBARA LOUISE  
STREET ADDRESS 206 BECKS LANE  
CITY-ST-ZIP WILMINGTON, DE 19807

TITLE ☐ Change ☒ Addition  
NAME Jack Hess  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/2007

717-299-4805