

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004110

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: ENTITLE INSURANCE COMPANY

## Current Principal Place of Business:

4600 ROCKSIDE RD, SUITE 104  
INDEPENDENCE, OH 44131

## New Principal Place of Business:

## Current Mailing Address:

4600 ROCKSIDE RD, SUITE 104  
INDEPENDENCE, OH 44131

## New Mailing Address:

FEI Number: 34-1252928      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CD ( ) Delete  
Name: DWYER, TIMOTHY M  
Address: 263 TRESSER BLVD, 1 STAMFORD PLAZA, 9TH FL  
City-St-Zip: STAMFORD, CT 06901

Title: P ( ) Delete  
Name: WAIWOOD, MICHAEL F  
Address: 4920 COMMERCE PARKWAY, SUITE 2  
City-St-Zip: WARRENSVILLE HEIGHTS, OH 44128

Title: ST ( ) Delete  
Name: POLOMSKY GREENROD, KAREN  
Address: 4920 COMMERCE PARKWAY, SUITE 2  
City-St-Zip: WARRENSVILLE HEIGHTS, OH 44128

Title: D ( ) Delete  
Name: CLARK, HANLEY C  
Address: 1520 VIRGINIA ST EAST  
City-St-Zip: CHARLESTON, WV 25311

Title: D ( ) Delete  
Name: MCFADDEN, DONALD P  
Address: 1370 ONTARIO STREET STE 1700  
City-St-Zip: CLEVELAND, OH 44113

Title: D (X) Delete  
Name: VANGILDER, JEFFREY W  
Address: 914 HIGHLAND RD  
City-St-Zip: CHARLESTON, WV 253023013

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: DWYER, TIMOTHY M  
Address: 263 TRESSER BLVD, 1 STAMFORD PLAZA, 16 FL  
City-St-Zip: STAMFORD, CT 06901

Title: PD (X) Change ( ) Addition  
Name: WAIWOOD, MICHAEL F  
Address: 4600 ROCKSIDE RD., SUITE 104  
City-St-Zip: INDEPENDENCE, OH 44131

Title: T (X) Change ( ) Addition  
Name: POLOMSKY, KAREN  
Address: 4600 ROCKSIDE RD., SUITE 104  
City-St-Zip: INDEPENDENCE, OH 44131

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

Title: DS (X) Change ( ) Addition  
Name: SHOENFELT, JAMES S  
Address: 3717 LATIMORE RD.  
City-St-Zip: SHAKER HTS., OH 44122

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: KAREN POLOMSKY

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02/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date