


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F86835 1. Entity Name LAWYERS' TITLE GUARANTY FUND, INC.	
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Principal Place of Business 6545 CORPORATE CENTRE BLVD. ORLANDO, FL 32822 US	Mailing Address P. O. BOX 628600 ORLANDO, FL 32822 US
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2633824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONNER, W T 6545 CORPORATE CENTRE BLVD. ORLANDO, FL 32822	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

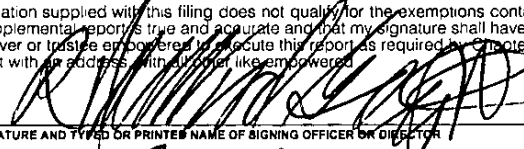
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KOVALESKI, CHARLES J. 6545 CORPORATE CENTRE BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAY, R NORWOOD III 6545 CORPORATE CENTRE BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JIMMY R 6545 CORPORATE CENTRE BLVD ORLANDO, FL 32822
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02/06/07-80043-005 150.00

**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 reports 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:  **R. NORWOOD GAY, III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-22-07** Daytime Phone #: **800-275-6223**