


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006291
 1. Entity Name
ATLANTIC TITLE INSURANCE COMPANY OF SOUTH CAROLINA



Principal Place of Business: **2711 MIDDLEBURG DR, STE 113 COLUMBIA, SC 29204**
 Mailing Address: **P.O. BOX 8627 COLUMBIA, SC 29202**

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number: **57-0575396** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

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: _____ (NOTE, Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	OXLEY, GREGORY
STREET ADDRESS	11911 FREEDOM ST, STE 260
CITY-ST-ZIP	RESTON, VA 20190
TITLE	V
NAME	EMERY, DAVID
STREET ADDRESS	555 WEST ADMS ST
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	V
NAME	PARIS, PATRICIA Q
STREET ADDRESS	1301 PICKENS ST
CITY-ST-ZIP	COLUMBIA, SC 29201
TITLE	V
NAME	WOOLDRIDGE, JOHN R JR.
STREET ADDRESS	4425 RANDOLPH RD., STE. 204
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	ST
NAME	DEALY, MICHAEL
STREET ADDRESS	5300 BRANDYWINE PKWY, STE 100
CITY-ST-ZIP	WILMINGTON, DE 19803
TITLE	D
NAME	GAMBILL, HARRY
STREET ADDRESS	555 WEST ADAMS ST
CITY-ST-ZIP	CHICAGO, IL 60661

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UB0000307104
 04/15/05-80041-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JOHN R. WOOLDRIDGE, JR** Date: **4/15/05** Daytime Phone # _____