

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-0575396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

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

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04/05/06-80042-008 150.00

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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:  **VA** **3-20-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #