

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H42533

FILED
Apr 15, 2004
Secretary of State

Entity Name: BANKERS TITLE INSURANCE COMPANY

Current Principal Place of Business:

P.O. BOX 15707
ST. PETERSBURG, FL 33733 US

New Principal Place of Business:

360 CENTRAL AVE.
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

P.O. BOX 15707
ST. PETERSBURG, FL 33733 US

New Mailing Address:

360 CENTRAL AVE.
ST. PETERSBURG, FL 33701 US

FEI Number: 59-2958831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399 US

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:

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: MENKE, ROBERT M
Address: 360 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D () Delete
Name: MEEHAN, DAVID K
Address: 360 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: DT () Delete
Name: HUSSEMAN, EDWIN C
Address: 360 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: AS () Delete
Name: HAIRE, NANCY C
Address: 360 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: S (X) Delete
Name: SOUTHEY, ROBERT G
Address: 360 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DTS (X) Change () Addition
Name: HUSSEMAN, EDWIN C
Address: 360 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY C. HAIRE

AS

04/15/2004

Electronic Signature of Signing Officer or Director

Date