## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H86455

FILED Feb 04, 2012 Secretary of State

Entity Name: ATTORNEYS' TITLE INSURANCE FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

6545 CORPORATE CENTER BLVD SUITE 200 ORLANDO, FL 32822 US

Current Mailing Address: New Mailing Address:

6545 CORPORATE CENTER BLVD SUITE 200 ORLANDO, FL 32822 US

FEI Number: 59-2633824 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACCONNELL, R. F 6545 CORPORATE CENTRE BLVD., STE. 200 ORLANDO, FL 32822 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST

Name: SMITH, G THOMAS

Address: 6545 CORPORATE CENTRE BLVD, STE 200

City-St-Zip: ORLANDO, FL 32822

Title: VP

Name: MACCONNELL, ROBERT F

Address: 6545 CORPORATE CENTRE BLVD, STE 200

City-St-Zip: ORLANDO, FL 32822 US

Title: VP

Name: GERAGHTY, JULIANNE

Address: 6545 CORPORATE CENTRE BLVD, STE 200

City-St-Zip: ORLANDO, FL 32822 US

Title: VP

Name: SIMMONS, JOHN H

Address: 6545 CORPORATE CENTRE BLVD, STE 200

City-St-Zip: ORLANDO, FL 32822 US

Title: VP

Name: CLARK, CONNIE J

Address: 6545 CORPORATE CENTRE BLVD, STE 200

City-St-Zip: ORLANDO, FL 32822 US

I hereby 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 all other like empowered.

SIGNATURE: G. THOMAS SMITH PST 02/04/2012