2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P07000049703

Entity Name: K.E.L. TITLE INSURANCE GROUP, INC.

Current Principal Place of Business:

111 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

111 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 45-0559883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: D
Name: LYND, CRAIG R
Address: 172 STEEPLE CHASE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: P
Name: ENGLETT, MATTHEW S
Address: 515 LAKE AVE
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: HUNT, CHRISTOPHER
Address: 313 HIDDEN LAKE DR
City-St-Zip: SANFORD, FL 32773

Title: D
Name: KAUFMAN, JEFFREY S
Address: 6149 FOXFIELD CT
City-St-Zip: WINDERMERE, FL 34786

Title: D
Name: PANTOZZI, PAUL M II
Address: 7401 PARK SPRINGS CIRCLE
City-St-Zip: ORLANDO, FL 32835

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: JEFFREY KAUFMAN D 02/18/2011

Electronic Signature of Signing Officer or Director — Date