2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V39447

FILED Mar 06, 2003 Secretary of State

Entity Name: PHOENIX TITLE INSURANCE CORPORATION

			Nove Being des I Blo		
Current Principal Place of Business:			New Principal Plac	CE OT BUSINESS:	
2875 S. OC #216	CEAN BLVD				
PALM BEA	CH, FL 33480	US			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
	CEAN BLVD				
#216 PALM BEA	CH, FL 33480	US			
El Number:	65-0334970	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HILGENDORF, CATHYRINE M 2875 S. OCEAN BLVD #216					
	PALM BEACH, FL 33480				
	named entity รเ e of Florida.	ubmits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		Trust Fund Contribution (X).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PDS () [HILGENDORF, C 724 NORTH ATL/ LANTANA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
⊺itle: √ame:	V ()[MARSHMAN, JR.	Delete HOMER H	Title: Name:	() Change () Addition	
\ddress:	2631 SOUTH FLA		Address:		
City-St-Zip:	WEST PALM BE	ACH, FL 33401	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: CM HILGENDORF PRES 03/06/2003