

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018199

Entity Name: NATIONAL TITLE INSURANCE COMPANY

Current Principal Place of Business:

2020 CAPITAL CIRCLE SE
ALEXANDER BUILDING
TALLAHASSEE, FL 32301

Current Mailing Address:

2020 CAPITAL CIRCLE SE PO BOX 110
ALEXANDER BUILDING
TALLAHASSEE, FL 32301

FEI Number: 59-0373580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :

Title DEPUTY RECEIVER
Name ZACUR, SALMA
Address 2020 CAPITAL CIRCLE S.E.
City-State-Zip: TALLAHASSEE FL 32302-0110

Title ESTATE MANAGEMENT ANALYST
Name WATKINS, PETER
Address 2020 CAPITAL CIRCLE SE PO BOX 110
ALEXANDER BUILDING
City-State-Zip: TALLAHASSEE FL 32301

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: PETER WATKINS

ANALYST

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date