

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 811934

**Entity Name:** NATIONAL TITLE INSURANCE OF NEW YORK INC.

**Current Principal Place of Business:**

601 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

C/O MGM LOVEJOY  
3210 EL CAMINO REAL STE 200  
IRVINE, CA 92602 US

**FEI Number:** 11-0627325

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E GAINES STREET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D/P/CEO  
Name NOLAN, MICHAEL J  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title VP/S  
Name NEMZURA, MARJORIE  
Address 10 S LASALLE ST STE 3100  
City-State-Zip: CHICAGO IL 60603

Title VP/ASST TREASURER  
Name SUPALO, MARILYN C. N.  
Address 1701 VILLAGE CENTER CIRCLE  
City-State-Zip: LAS VEGAS NV 89134

Title D/EVP/CFO  
Name PARK, ANTHONY J  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title AVP/AS  
Name LOVEJOY, MADELINE G. M.  
Address 3210 EL CAMINO REAL STE 200  
City-State-Zip: IRVINE CA 92602

*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:** MADELINE G. M. LOVEJOY

AVP/AS

02/14/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date