FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:54

DOCUMENT # P06462 (6)

1. Corporation Name
UNITED GENERAL TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
4041 ESSEN LANE BATON ROUGE LA 70809	4041 ESSEN LANE BATON ROUGE LA 70809 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/18/1985
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 72-0976930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CHUSTZ, HARRIS JOSEPH	1.2 NAME	
STREET ADDRESS	9076 MEADOWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, JOHN TERRELL	2.2 NAME	
STREET ADDRESS	8772 W FAIRWAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	HIMES, RICHARD	3.2 NAME	
STREET ADDRESS	531 METROPLEX DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	REDMAN, DALE EDWARD	4.2 NAME	
STREET ADDRESS	348 LEEWARD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	FRANKLIN, JAMES RAY	5.2 NAME	V
STREET ADDRESS	1003 LAUREL AVE	5.3 STREET ADDRESS	STEPHEN G. CUNNINGHAM
CITY-ST-ZIP	DENHAM SPRINGS LA	5.4 CITY-ST-ZIP	11555 SOUTHFORK DR.
			BATON ROUGE, LA 70816
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, LAURA THOMPSON	6.2 NAME	
STREET ADDRESS	4394 FLEET DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ VICE PRESIDENT FEBRUARY 27, 1995 (504)922-4225
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Daytime Phone #
STEPHEN G. CUNNINGHAM

047A04 FP