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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P06462** (6)

1. Corporation Name
UNITED GENERAL TITLE INSURANCE COMPANY

Principal Place of Business: **4041 ESSEN LANE BATON ROUGE LA 70809**

Mailing Address: **4041 ESSEN LANE BATON ROUGE LA 70809 US**

3. Date Incorporated or Qualified: **06/18/1985**

3a. Date of Last Report: **04/07/1995**

4. FEI Number: **72-0976930**

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

2. Principal Place of Business: **8550 United Plaza Blvd Suite 309 Baton Rouge, LA 70809**

2a. Mailing Address: **8550 United Plaza Blvd Suite 309 Baton Rouge, LA 70809**

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent: **900001821659 -05/15/96 FL 0186120-0140 ***200-01-***200-00**

11. Pursuant to the provisions of Sections 607.0612 and 607.1503, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	P/D/T
NAME	CHUSTZ, HARRIS JOSEPH	1.2 NAME	John P. Dwyer, Jr.
STREET ADDRESS	9076 MEADOWOOD	1.3 STREET ADDRESS	14945 E. Wagontrail Drive
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	Aurora, CO 80015
TITLE	PD	2.1 TITLE	D
NAME	BROWN, JOHN TERRELL	2.2 NAME	Charles A. Garney
STREET ADDRESS	8772 W FAIRWAY DR	2.3 STREET ADDRESS	4200 NW Hickory Lane
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	Kansas City, MO 64116
TITLE	P	3.1 TITLE	D
NAME	HIMES, RICHARD	3.2 NAME	Harry W. Rhulen
STREET ADDRESS	531 METROPLEX DR	3.3 STREET ADDRESS	1291 Cold Spring Road
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	Forrestburg, NY 12777
TITLE	D	4.1 TITLE	V/S/D
NAME	REDMAN, DALE EDWARD	4.2 NAME	Patricia A. Garcia
STREET ADDRESS	348 LEEWARD DR	4.3 STREET ADDRESS	2845 Otis Court
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	Wheat Ridge, CO 80214
TITLE	V	5.1 TITLE	V
NAME	CUNNINGHAM, STEPHEN G.	5.2 NAME	Robert T. Edwards
STREET ADDRESS	11555 SOUTHFORK DR.	5.3 STREET ADDRESS	3774 Mountainside Trail
CITY-ST-ZIP	BATON ROUGE LA	5.4 CITY-ST-ZIP	Evergreen, CO 80439
TITLE	T	6.1 TITLE	
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)(k), 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: *Stephen G. Cunningham* **Stephen G. Cunningham** 04/23/96 (504)922-4225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)