

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 26 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P06462 (6)
1. Corporation Name
UNITED GENERAL TITLE INSURANCE COMPANY



Principal Place of Business Mailing Address
8550 UNITED PLAZA BLVD SUITE 309 BATON ROUGE LA 70809

3. Date Incorporated or Qualified **06/18/1985** 3a. Date of Last Report **05/01/1996**
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

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 **CT Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**
83
84 City **Plantation** FL 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0509 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 **CT Corporation** March 19, 1997
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PTD DWYER, JOHN P JR.**
STREET ADDRESS **14945 E. WAGONTRAIL DRIVE**
CITY-ST-ZIP **AURORA CO 80015**
TITLE DELETE
NAME **D GARNEY, CHARLES A**
STREET ADDRESS **4200 NW HICKORY LANE**
CITY-ST-ZIP **KANSAS CITY MO 64118**
TITLE DELETE
NAME **D RHULEN, HARRY W**
STREET ADDRESS **1291 COLD SPRING ROAD**
CITY-ST-ZIP **FORRESTDURG NY 12777**
TITLE DELETE
NAME **VSD GARCIA, PATRICIA A**
STREET ADDRESS **2845 OTIS COURT**
CITY-ST-ZIP **WHEAT RIDGE CO 80214**
TITLE DELETE
NAME **V CUNNINGHAM, STEPHEN G.**
STREET ADDRESS **11555 SOUTHFORK DR.**
CITY-ST-ZIP **BATON ROUGE LA**
TITLE DELETE
NAME **V EDWARDS, ROBERT T**
STREET ADDRESS **3774 MOUNTAINSIDE TRAIL**
CITY-ST-ZIP **EVERGREEN CO 80439**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition **PD**
1.2 NAME **Dwyer, John P., Jr.**
1.3 STREET ADDRESS **14945 E. Wagontrail Drive**
1.4 CITY-ST-ZIP **Aurora, Colorado 80015**
2.1 TITLE Change Addition **V**
2.2 NAME **Kellerman, Henry R.**
2.3 STREET ADDRESS **8 Turley Court**
2.4 CITY-ST-ZIP **N. Potomac, Maryland 20878**
3.1 TITLE Change Addition **T**
3.2 NAME **Coleman, Barbara K.**
3.3 STREET ADDRESS **3249 W. Hayward Place**
3.4 CITY-ST-ZIP **Denver, Colorado 80211**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition **D**
5.2 NAME **Foley, Peter H.**
5.3 STREET ADDRESS **403 E. 62nd Street**
5.4 CITY-ST-ZIP **New York, New York 10021**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* 3.10.97 303.292.4018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)