


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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90057 013 \*\*\*150.00

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P06462**

1. Corporation Name  
**UNITED GENERAL TITLE INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>8550 UNITED PLAZA BLVD<br>SUITE 309<br>BATON ROUGE LA 70809 | Mailing Address<br>8550 UNITED PLAZA BLVD<br>SUITE 309<br>BATON ROUGE LA 70809 |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/18/1985</b>   |  |
| 4. FEI Number<br><b>72-0976930</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 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

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input type="checkbox"/> DELETE            |
| NAME           | DWYER, JOHN P JR         |  |
| STREET ADDRESS | 999 18TH ST STE 3400     |  |
| CITY-ST-ZIP    | DENVER CO 80202          |  |
| TITLE          | V                        | <input type="checkbox"/> DELETE            |
| NAME           | KELLERMAN, HENRY R       |  |
| STREET ADDRESS | 1 CHURCH ST STE 303      |  |
| CITY-ST-ZIP    | ROCKVILLE MD 20850       |  |
| TITLE          | T                        | <input type="checkbox"/> DELETE            |
| NAME           | COLEMAN, BARBARA K       |  |
| STREET ADDRESS | 999 18TH ST STE 3400     |  |
| CITY-ST-ZIP    | DENVER CO 80202          |  |
| TITLE          | VSD                      | <input type="checkbox"/> DELETE            |
| NAME           | GARCIA, PATRICIA A       |  |
| STREET ADDRESS | 999 18TH ST STE 3400     |  |
| CITY-ST-ZIP    | DENVER CO 80202          |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | FOLEY, PETER H           |  |
| STREET ADDRESS | 195 LAKE LOUISE MARIE RD |  |
| CITY-ST-ZIP    | ROCK HILL NY 12775       |  |
| TITLE          | V                        | <input type="checkbox"/> DELETE            |
| NAME           | EDWARDS, ROBERT T        |  |
| STREET ADDRESS | 999 18TH ST STE 3400     |  |
| CITY-ST-ZIP    | DENVER CO 80202          |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | 5040 Sadler Road, #110   |
| 2.3 STREET ADDRESS | Glen Allen, VA 23060   |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Dwyer **1/13/99** **800-999-3470**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)