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

APPROVED AND FILED

95 MAY -1 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07949 (1)

1. Corporation Name
TRANSAMERICA TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
ATTN: JAMES J.D. LYNCH, JR. 8 PENN CENTER, 21ST FL. 17TH PHILADELPHIA PA 19103 US	ATTN: JAMES J.D. LYNCH, JR. 8 PENN CENTER, 21ST FL. 17TH & JFK BLVD PHILADELPHIA PA 19103

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/31/1985
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: ~~94-0366820~~ 86-0719450 — 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 CAPITAL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HAUSER, ROBERT J.	12 NAME	
STREET ADDRESS	8 PENN CENTER	13 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MORGENROTH, IRVING	22 NAME	
STREET ADDRESS	8 PENN CENTER	23 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	24 CITY ST ZIP	
TITLE	TV	31 TITLE	☑ Change ☐ Addition
NAME	LOCHER, EDWARD P.	32 NAME	Tischler, Jeffrey H.
STREET ADDRESS	8 PENN CENTER	33 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	LYNCH, JAMES, J.D., JR.	42 NAME	
STREET ADDRESS	8 PENN CENTER	43 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	WEATHERBY, STEPHEN H.	52 NAME	
STREET ADDRESS	8 PENN CENTER	53 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	54 CITY ST ZIP	
TITLE	CD	61 TITLE	☐ Change ☐ Addition
NAME	WENDER, HERBERT	62 NAME	
STREET ADDRESS	8 PENN CENTER	63 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	64 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: James J.D. Lynch Secty & Director 4/27/95 (215)-241-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James J.D. Lynch

0397188 FP