### 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000003874

**Entity Name: PREMIER LAND TITLE INSURANCE COMPANY** 

FILED Apr 25, 2017 Secretary of State CC3202686845

Date

## **Current Principal Place of Business:**

2728 N. HARWOOD ST 3RD FLOOR DALLAS, TX 75201

## **Current Mailing Address:**

3350 PEACHTREE ROAD NE SUITE 150 ATLANTA, GA 30326 US

FEI Number: 93-1163025 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name

Officer/Director Detail :

FLYNN, JOHN

Title DIRECTOR AND PRESIDENT Title DIRECTOR, SR VICE PRESIDENT,

GENERAL COUNSEL AND ASST

SECRETARY

Address 2728 N HARWOOD STREET Name SULLIVAN, MICHAEL

3RD FLOOR
Address 7390 SOUTH IOLA STREET

City-State-Zip: ATLANTA GA 30326

City-State-Zip: ENGLEWOOD CO 80112

Title VICE PRESIDENT

Name HILL, KIMBERLY M Title DIRECTOR, CFO, SENIOR VP,

HILL, KIMBERLY M SECRETARY AND TREASURER

Address 3350 PEACHTREE ROAD NE Name HARRIS, SCOTT SUITE 150

City-State-Zip: ATLANTA GA 30326 Address 7390 SOUTH IOLA STREET

City-State-Zip: ENGLEWOOD CO 80112

Title VP

City-State-Zip:

Name JONES , PENNY Title VP

Address 2728 N HARWOOD STREET Name ZONA , LOUIS

3RD FLOOR Address 2728 N HARWOOD STREET
3RD FLOOR 3RD FLOOR

City-State-Zip: DALLAS TX 75201

City-State-Zip: DALLAS TX 75201

Title ASSISTANT SECRETARY

Title ASSISTANT SECRETARY

ASSISTANT SECRETARY

Name JINADU, MATILDA Name FEAGEN, CARRIE

Address 2728 N HARWOOD STREET 3RD FLOOR Address 2728 N. HARWOOD ST.

DALLAS TX 75201

Address 2728 N. HARWOOD S

City-State-Zip: DALLAS TX 75201

# Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLYMARIE M. CONLON ASSISTANT SECRETARY 04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title ASSISTANT SECRETARY
Name VOILES, CHANDLER

Address 3350 PEACHTREE ROAD NE

SUITE 150

City-State-Zip: ATLANTA GA 30326

Title ASST. TREASURER, TREASURER, DIRECTOR OF

TREASURY OPERATIONS

Name LANGEN, DANIEL BRYCE
Address 3350 PEACHTREE ROAD NE

SUITE 150

City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY

Name IRWIN, ROSS

Address 3350 PEACHTREE ROAD NE

SUITE 150

City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY

Name CONLON, KELLYMARIE M.

Address 3350 PEACHTREE ROAD NE

SUITE 150

City-State-Zip: ATLANTA GA 30326

Title ASSISTANT VICE PRESIDENT

Name VITALI, CHRISTINA S. ESQ.

Address 3350 PEACHTREE ROAD NE

SUITE 150

City-State-Zip: ATLANTA GA 30326