

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003874

Entity Name: PREMIER LAND TITLE INSURANCE COMPANY**Current Principal Place of Business:**9111 CYPRESS WATERS BLVD
SUITE 200
COPPELL, TX 75019**Current Mailing Address:**7390 S IOLA ST
ENGLEWOOD, CO 80112 US**FEI Number:** 93-1163025**Certificate of Status Desired:** No**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR AND PRESIDENT
Name FLYNN, JOHN
Address 9111 CYPRESS WTERS BLVD
SUITE 200
City-State-Zip: COPPELL TX 75019

Title ASSISTANT VICE PRESIDENT
Name HILL, KIMBERLY M
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY
Name FEAGEN, CARRIE
Address 9111 CYPRESS WATERS BLVD
SUITE 200
City-State-Zip: COPPELL TX 75019

Title ASSISTANT SECRETARY
Name CONLON, KELLYMARIE M.
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR, SR VICE PRESIDENT,
GENERAL COUNSEL AND
SECRETARY
Name SULLIVAN, MICHAEL
Address 7390 SOUTH IOLA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title VP AND ASSISTANT SECRETARY
Name HINTON, CHRISTOPHER
Address 9111 CYPRESS WATERS BLVD
SUITE 200
City-State-Zip: COPPELL TX 75019

Title ASSISTANT SECRETARY
Name VOILES, CHANDLER
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT TREASURER &
DIRECTOR OF TREASURY
OPERATIONS
Name LANGEN, DANIEL BRYCE
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

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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: MICHAEL K SULLIVAN

SVP GENERAL COUNSEL 04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name IRWIN, ROSS
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR, SENIOR VICE PRESIDENT,
TREASURER, AND CHIEF FINANCIAL OFFICER
Name NOWICKI, RALPH
Address 7390 S IOLA ST
City-State-Zip: ENGLEWOOD CO 80112

Title ASSISTANT VICE PRESIDENT
Name MAY, HEATHER
Address 9111 CYPRESS WATERS BLVD
SUITE 200
City-State-Zip: COPPELL TX 75019

Title ASSISTANT SECRETARY
Name GOETZ, LORI
Address 7390 S IOLA ST
City-State-Zip: ENGLEWOOD CO 80112

Title VP AND CONTROLLER
Name HOLLIDAY, BENJAMIN
Address 9111 CYPRESS WATERS BLVD
SUITE 200
City-State-Zip: COPPELL TX 75019