

2022 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 STREET
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, SR VICE PRESIDENT,
GENERAL COUNSEL AND
SECRETARY**Name** SULLIVAN, MICHAEL**Address** 7390 S IOLA STREET**City-State-Zip:** ENGLEWOOD CO 80112**Title** VP**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 SECRETARY**Name** IRWIN, ROSS**Address** 3350 PEACHTREE ROAD NE
SUITE 150**City-State-Zip:** ATLANTA GA 30326**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 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** GOETZ, LORI**Address** 7390 S IOLA STREET**City-State-Zip:** ENGLEWOOD CO 80112**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: MICHAEL K SULLIVAN**SECRETARY****04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR, PRESIDENT
Name TRUEMPER, SARA
Address 9111 CYPRESS WATERS BLVD
SUITE 200
City-State-Zip: COPPELL TX 75019

Title ASST. SECRETARY
Name FRATTER, ERIC
Address 3350 PEACHTREE ROAD NE
City-State-Zip: ATLANTA GA 30326