

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003770

**FILED**  
**Jan 18, 2018**  
**Secretary of State**  
**CC3859466330**

**Entity Name:** AGENTS NATIONAL TITLE INSURANCE COMPANY

**Current Principal Place of Business:**

1207 W BROADWAY, STE C  
COLUMBIA, MO 65203

**Current Mailing Address:**

1207 W BROADWAY, STE C  
COLUMBIA, MO 65203 US

**FEI Number:** 20-3840531

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD, #250  
PLANTATION, FL 33324 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 CP  
Name TOWNSEND, DAVID A  
Address 1207 W BROADWAY, STE C  
City-State-Zip: COLUMBIA MO 65203

Title VPTD  
Name SCHEER, BRENT J  
Address 1207 W BROADWAY, STE C  
City-State-Zip: COLUMBIA MO 65203

Title DS  
Name BARNETT, EDWIN H III  
Address 503 E NIFONG, #264  
City-State-Zip: COLUMBIA MO 65201

Title D  
Name BRILHART, JOHN G  
Address 1817 W BROADWAY  
City-State-Zip: COLUMBIA MO 65203

Title D  
Name BUCHHEIT, ROBERT J  
Address 7 N 1ST STREET  
City-State-Zip: COLUMBIA MO 65203

Title D  
Name GERKE, EUGENE E  
Address 2105 S COUNTRY CLUB DR  
City-State-Zip: COLUMBIA MO 65201

Title D  
Name HUNTER, ROBERT N JR.  
Address 2609 E BROADWAY, STE 200  
City-State-Zip: COLUMBIA MO 65201

Title D  
Name KLEIN, PETER G  
Address DEPT. OF ENTREPRENEURSHIP,  
BAYLOR UNIV  
City-State-Zip: WACO TX 76798

**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:** BRENT SCHEER

**CHIEF FINANCIAL  
OFFICER**

**01/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name PAHL, KURT G  
Address PO BOX 871111  
City-State-Zip: VANCOUVER WA 98687

Title D  
Name REED, JAMES A  
Address 3600 COUNTRY CLUB DR  
City-State-Zip: JEFFERSON CITY MO 65109

Title D  
Name WOLVERTON, ROBERT A  
Address 2504 ST. REGIS CT.  
City-State-Zip: COLUMBIA MO 65203