

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 803369

1. Corporation Name  
LAWYERS TITLE INSURANCE CORPORATION

Principal Place of Business

6630 W BROAD ST  
P.O. BOX 27567  
RICHMOND VA 23230

Mailing Address

6630 W BROAD ST  
P.O. BOX 27567  
RICHMOND VA 23230

FILED  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90047 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1928

4. FEI Number

54-0278740

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 101 Gateway Centre Pkwy.

Suite, Apt. #, etc.

22 Gateway One

City & State

23 Richmond, VA

Zip Country

24 23235-5153

2a. Mailing Address

26 101 Gateway Centre Pkwy.

Suite, Apt. #, etc.

27 Gateway One

City & State

28 Richmond, VA

Zip Country

29 23235-5153

30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER  
STATE OF FLORIDA  
CAPITOL BLDG.  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☐ DELETE

NAME JORDAN, RUSSELL W. III

STREET ADDRESS 6630 W. BROAD ST.

CITY-ST-ZIP RICHMOND, VA 00000

TITLE CD ☐ DELETE

NAME FOSTER, CHARLES H JR.

STREET ADDRESS 6630 W BROAD ST

CITY-ST-ZIP RICHMOND, VA 00000

TITLE VTD ☐ DELETE

NAME EVANS, G. WILLIAM

STREET ADDRESS 6630 W BROAD ST

CITY-ST-ZIP RICHMOND VA

TITLE PD ☐ DELETE

NAME ALPERT, JANET, A

STREET ADDRESS 6630 W BROAD ST

CITY-ST-ZIP RICHMOND VA

TITLE VD ☐ DELETE

NAME ASTHEIMER, KENNETH

STREET ADDRESS 6630 W BROAD ST

CITY-ST-ZIP RICHMOND, VA 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/SVP ☒ Change ☐ Addition

1.2 NAME Jordan, Russell W. III

1.3 STREET ADDRESS 101 Gateway Centre Pkwy, Gateway One

1.4 CITY-ST-ZIP Richmond, VA 23235-5153

2.1 TITLE CD ☒ Change ☐ Addition

2.2 NAME Foster, Charles H. Jr.

2.3 STREET ADDRESS 101 Gateway Centre Pkwy, Gateway One

2.4 CITY-ST-ZIP Richmond, VA 23235-5153

3.1 TITLE EVP/D ☒ Change ☐ Addition

3.2 NAME Evans, G. William

3.3 STREET ADDRESS 101 Gateway Centre Pkwy, Gateway One

3.4 CITY-ST-ZIP Richmond, VA 23235-5153

4.1 TITLE PD ☒ Change ☐ Addition

4.2 NAME Alpert, Janet A.

4.3 STREET ADDRESS 101 Gateway Centre Pkwy, Gateway One

4.4 CITY-ST-ZIP Richmond, VA 23235-5153

5.1 TITLE EVP ☒ Change ☐ Addition

5.2 NAME Astheimer, Kenneth

5.3 STREET ADDRESS 12201 Merritt Dr., Suite 450

5.4 CITY-ST-ZIP Dallas, TX 75251

6.1 TITLE VC/D ☐ Change ☒ Addition

6.2 NAME Wender, Herbert

6.3 STREET ADDRESS 101 Gateway Centre Pkwy, Gateway One

6.4 CITY-ST-ZIP Richmond, VA 23235-5153

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*John D. Weber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

Date

804-267-8000

Daytime Phone #

CR2E034 (1/98)