2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803369

Entity Name: LAWYERS TITLE INSURANCE CORPORATION

FILED Jan 28, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
GATEWA\	WAY CENTRE Y ONE ID, VA 232355						
Current Mailing Address:				New Mailing Address:			
GATEWA	WAY CENTRE Y ONE ID, VA 232355						
FEI Number: 54-0278740 FEI Number Applied For ()				FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Current Registered Agent:		Name and	Address o	of New Registered Agent:	
P O BOX 6 200 E. GA TALLAHAS	SSEE, FL 323	200) 990000 US	nurnose o	of changing i	ts registere	ed office or registered agent, or both,	
	e of Florida.	submits this statement for the	pui pose o	n changing i	is registere	a office of registered agent, of both,	
SIGNATU							
Election Co.		nic Signature of Registered Ag	ent			Date	
		g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	THEODORE L.	Delete CHANDLER, , JR. CENTRE PKWY., GATEWAY ONE A 232355153		Title: Name: Address: City-St-Zip:	101 GATEV	(X) Change () Addition E L. CHANDLER, , JR. VAY CENTRE PKWY., GATEWAY ONE J, VA 232355153	
Title: Name: Address: City-St-Zip:	FOSTER, CHAI	CENTRE PKWY., GATEWAY ONE		Title: Name: Address: City-St-Zip:	101 GATEV	(X) Change () Addition CHARLES H JR, . VAY CENTRE PKWY., GATEWAY ONE), VA 232355153	
Title: Name: Address: City-St-Zip:	EVANS, G. WIL	CENTRE PKWY., GATEWAY ONE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ALPERT, JANE 101 GATEWAY RICHMOND, V	T, A, CENTRE PKWY., GATEWAY ONE		Title: Name: Address: City-St-Zip:	SELBY, JEI 101 GATEV	(X) Change () Addition FFREY C VAY CENTRE PKWY., GATEWAY ONE), VA 232355153	
Title: Name: Address: City-St-Zip:	ASTHEIMER, K	CENTRE PKWY., GATEWAY ONE		Title: Name: Address: City-St-Zip:		(X) Change()Addition DNALD B VAY CENTRE PKWY., GATEWAY ONE), VA 232355153	
Title: Name: Address: City-St-Zip:	PURCELL, RIK	CENTRE PKWY		Title: Name: Address: City-St-Zip:		(X) Change () Addition A M VAY CENTRE PKWY), VA 23235	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HOPE M. VAUGHAN AS 01/28/2005