2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 09, 2007 8:00 am Secretary of State **DOCUMENT #803369** LAWYERS TITLE INSURANCE CORPORATION 05-09-2007 90103 015 ***150 00 Principal Place of Business Mailing Address 101 GATEWAY CENTRE PKWY 101 GATEWAY CENTRE PKWY **GATEWAY ONE** GATEWAY ONE RICHMOND, VA 23235-5153 RICHMOND, VA 23235-5153 2. Principal Place of Business - No P.O Box # 3. Mailing Address 5600 Cox Road 5600 Cox.Road Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Glen Allen, VA Glen Allen, VA 54-0278740 Not Applicable Country \$8.75 Additional Country USA 23060 23060 5. Certificate of Status Desired \Box USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE Addition THEODORE L. CHANDLER, JR. NAME NAME 5600: Cox Road 101 GATEWAY CENTRE PKWY., GATEWAY ONE STREET ADDRESS STREET ADDRESS Glen Allen, VA 23060 RICHMOND, VA 232355153 CITY - ST - ZIP CITY-ST-ZIF ☐ Addition Detete TITLE Change TITLE VAUGHAN, HOPE M NAME NAME 5600 Cox Road STREET ADDRESS 101 GATEWAY CENTRE PKWY STREET ADDRESS CITY-ST-ZIP Glen Allen, VA 23060 RICHMOND, VA 23235 CITY-ST-ZIP CFOD X Change ☐ Addition TITLE TITLE Defete EVANS, G. WILLIAM NAME NAME 5600 Cox Road STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE STREET ADDRESS Glen Allen, VA 23060 CITY-ST-7IP CITY - ST - ZIP RICHMOND, VA 232355153 Addition ☐ Delete TITLE TITLE SELBY, JEFFREY C NAME NAME 5600 Cox Road 101 GATEWAY CENTRE PKWY., GATEWAY ONE STREET ADDRESS STREET ADDRESS Glen Allen, VA 23060 CITY - ST - ZIP RICHMOND, VA 232355153 CITY - ST - 7/P SVPT ☐ Delete TITLE **X** Change Addition TITLE RAMOS, RONALD B NAME NAME 5600 Cox Road STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE STREET ADDRESS Glen Allen, VA 23060 RICHMOND, VA 232355153 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE X Change ☐ Addition TITLE KING, ANNA M NAME NAME 5600 Cox Road STREET ADDRESS 101 GATEWAY CENTRE PKWY STREET ADDRESS Glen Allen, VA 23060 RICHMOND, VA 23235 CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OF DIRECTOR

TURE AND TYPED OR PRINTED NAME O

FILED

(804) 267-86 97

Davime Phone #

4-26-07

Hope M. Vaughan

Date