2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 803369

Entity Name: LAWYERS TITLE INSURANCE CORPORATION

Current Principal Place of Business:

5600 COX ROAD
GLEN ALLEN, VA 23060

New Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

Current Mailing Address:

5600 COX ROAD
GLEN ALLEN, VA 23060

New Mailing Address:

C/O MADELINE BAREWALD
2510 N REDHILL AVE
SANTA ANA, CA 92705

FEI Number: 54-0278740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THEODORE L. CHANDLER, , JR.
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: AS ( ) Delete
Name: VAUGHAN, HOPE M
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: CFOD ( ) Delete
Name: EVANS, G. WILLIAM,
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: SVPT ( ) Delete
Name: RAMOS, RONALD B
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: S ( ) Delete
Name: KING, ANNA M
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ABBINANTE, CHRISTOPHER
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: JEWKES, ROGER S
Address: 4050 CALLE REAL
City-St-Zip: SANTA BARBARA, CA 93110

Title: DCP (X) Change ( ) Addition
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: EVPS (X) Change ( ) Addition
Name: GRAVELLE, MICHAEL L
Address: 4050 CALLE REAL
City-St-Zip: SANTA BARBARA, CA 93110

Title: SVPT (X) Change ( ) Addition
Name: MURPHY, DANIEL K
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: DCFO ( ) Change (X) Addition
Name: PARK, ANTHONY J
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MADELINE BAREWALD AVP 03/20/2009

Electronic Signature of Signing Officer or Director — Date