

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90221 020 ***150.00

DOCUMENT # 803369

1. Entity Name
LAWYERS TITLE INSURANCE CORPORATION



Principal Place of Business
**101 GATEWAY CENTRE PKWY
GATEWAY ONE
RICHMOND VA 23235-5153**

Mailing Address
**101 GATEWAY CENTRE PKWY
GATEWAY ONE
RICHMOND VA 23235-5153**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **54-0278740**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD JORDAN, RUSSELL W., III 101 GATEWAY CENTRE PKWY., GATEWAY ONE RICHMOND VA 23235-5153 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOSTER, CHARLES H JR. 101 GATEWAY CENTRE PKWY., GATEWAY ONE RICHMOND VA 23235-5153 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD EVANS, G. WILLIAM 101 GATEWAY CENTRE PKWY., GATEWAY ONE RICHMOND VA 23235-5153 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALPERT, JANET, A 101 GATEWAY CENTRE PKWY., GATEWAY ONE RICHMOND VA 23235-5153 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ASTHEIMER, KENNETH 101 GATEWAY CENTRE PKWY., GATEWAY ONE RICHMOND VA 23235-5153 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WENDER, HERBERT 101 GATEWAY CENTRE PKWY., GATEWAY ONE RICHMOND VA 23235-5153 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**John D. Weber
Vice President & Secretary
101 Gateway Centre Pkwy., Gateway One
Richmond, VA 23235**

12. 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 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 trustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Weber, VP & Secretary 3/4/03 804-267-8000

Date

Daytime Phone #

CR2E034 (10/02)