FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **810531** **(4)**

1. Corporation Name

~~MID-SOUTH TITLE INSURANCE CORPORATION~~

TITLE INSURANCE COMPANY OF AMERICA n/c 4.11.96

Principal Place of Business	Mailing Address
ONE COMMERCE SQUARE 12TH FLOOR P. O. BOX 432 (38101) MEMPHIS TN 38103	ONE COMMERCE SQUARE 12TH FLOOR P. O. BOX 432 (38101) MEMPHIS TN 38103

2. Principal Place of Business 21	2a. Mailing Address 26 P. O. BOX 27567
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 RICHMOND, VA
Zip / Country 24 / 25	Zip / Country 29 23261 / 30

3. Date Incorporated or Qualified 09/15/1955	3a. Date of Last Report 04/27/1995
4. FEI Number 62-0167455	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

TAMIAMI ABSTRACT & TITLE CO.
2199 RINGLING
SARASOTA FL 33577

10. Name and Address of New Registered Agent

81 Name: F. LINTON SLOAN, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 100 NORTH TAMPA STREET, SUITE 2050
83
84 City: TAMPA FL 85 Zip Code: 33602-2050

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: _____ F. Linton Sloan 4-22-96
Signature of New Registered Agent (if changing) — Name of New Registered Agent (if changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	EXECUTIVE VICE PRESIDENT	☒ Change ☐ Addition
NAME	GRIFFIN, THOMAS A., JR.		1.2 NAME		
STREET ADDRESS	1200 ONE COMMERCE SQUARE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE ✓	2.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, JOHN, M		2.2 NAME		
STREET ADDRESS	6630 W BROAD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE	EXECUTIVE VICE PRESIDENT	☒ Change ☐ Addition
NAME	BOREN, JAMES L JR		3.2 NAME		
STREET ADDRESS	1200 ONE COMMERCE SQUARE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	400001828784	☐ Change ☐ Addition
NAME	GIVENS, NEIL H.		4.2 NAME	-05/20/96--01033--019	
STREET ADDRESS	6363 POPLAR AVE #108		4.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP	MEMPHIS TN		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	EVANS, G. WILLIAM		5.2 NAME		
STREET ADDRESS	6630 W. BROAD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	PRESIDENT/DIRECTOR	☐ Change ☒ Addition
NAME	GATTEN GARY L.		6.2 NAME	DAVID D. GINGER	JZ 5.1
STREET ADDRESS	1200 ONE COMMERCE SQUARE		6.3 STREET ADDRESS	5400 LBJ FREEWAY, SUITE 125	
CITY-ST-ZIP	MEMPHIS TN		6.4 CITY-ST-ZIP	DALLAS, TX 75240	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added in an attachment without an address.

SIGNATURE: _____ JOHN M. CARTER 3/29/96 804-281-6811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number