FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
TITLE INSURANCE COMPANY OF AMERICA

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

Mailing Address
PO BOX 27567
RICHMOND VA 23261-7567

3. Date Incorporated or Qualified: **09/15/1955**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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
F. LINTON SLOAN, JR.
100 NORTH TAMPA STREET, SUITE 2050
TAMPA FL 33602-2050

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EXVP	☒ DELETE	1.1 TITLE	Chairman/CEO/Director	☐ Change ☒ Addition
NAME	GRIFFIN, THOMAS A., JR.		1.2 NAME	Janet A. Alpert	
STREET ADDRESS	1200 ONE COMMERCE SQUARE		1.3 STREET ADDRESS	6630 W. Broad St.	
CITY-ST-ZIP	MEMPHIS TN		1.4 CITY-ST-ZIP	Richmond, VA 23230	
TITLE	S	☐ DELETE	2.1 TITLE	EVP/Director	☐ Change ☒ Addition
NAME	CARTER, JOHN, M		2.2 NAME	Kenneth Astheimer	
STREET ADDRESS	6630 W BROAD ST		2.3 STREET ADDRESS	6630 W. Broad St.	
CITY-ST-ZIP	RICHMOND VA		2.4 CITY-ST-ZIP	Richmond, VA 23230	
TITLE	EXVP	☒ DELETE	3.1 TITLE	EVP/Director	☐ Change ☒ Addition
NAME	BOREN, JAMES L JR		3.2 NAME	Randall E. Cox	
STREET ADDRESS	1200 ONE COMMERCE SQUARE		3.3 STREET ADDRESS	6630 W. Broad St.	
CITY-ST-ZIP	MEMPHIS TN		3.4 CITY-ST-ZIP	Richmond, VA 23230	
TITLE	V	☐ DELETE	4.1 TITLE	EVP/Director	☐ Change ☒ Addition
NAME	GIVENS, NEIL H.		4.2 NAME	Charles W. Keith	
STREET ADDRESS	6363 POPLAR AVE #108		4.3 STREET ADDRESS	6630 W. Broad St.	
CITY-ST-ZIP	MEMPHIS TN		4.4 CITY-ST-ZIP	Richmond, VA 23230	
TITLE	T/D	☐ DELETE	5.1 TITLE	SVP/Director	☐ Change ☒ Addition
NAME	EVANS, G. WILLIAM		5.2 NAME	Thomas R. Klein	
STREET ADDRESS	6630 W. BROAD ST.		5.3 STREET ADDRESS	6630 W. Broad ST.	
CITY-ST-ZIP	RICHMOND VA		5.4 CITY-ST-ZIP	Richmond, VA 23230	
TITLE	P/D	☐ DELETE	6.1 TITLE	EVP/General Counsel/AS/Director	☐ Change ☒ Addition
NAME	GINGER, DAVID D.		6.2 NAME	G. Bickford Shaw	
STREET ADDRESS	5400 LBJ FREEWAY, SUITE 125		6.3 STREET ADDRESS	6309 N. O'Connor Blvd., Ste. 225	
CITY-ST-ZIP	DALLAS TX 75240		6.4 CITY-ST-ZIP	Irving, TX 75039	

CR2E034 (9/96)

14. I do 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 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 on an attachment with an address.

SIGNATURE: John M. Carter, Secretary 804/281/6700