

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite 108, Centrum Bldg. Suite, Apt. #, etc. 22 6363 Poplar Avenue City & State 23 Memphis, TN Zip 24 38119		2a. Mailing Address 25 USA Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29 30		3. Date Incorporated or Qualified 09/15/1955	
4. FEI Number 62-0167455		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	CEOD						
	ALPERT, JANET A	6630 W. BROAD ST	RICHMOND VA				
	S			2.1 TITLE	Director/EVP/Secretary		
	CARTER, JOHN, M	6630 W BROAD ST	RICHMOND VA	2.2 NAME	G. Bickford Shaw		
				2.3 STREET ADDRESS	710 Congress Avenue		
				2.4 CITY-ST-ZIP	Austin, TX 78701		
	DVPD			3.1 TITLE	Director/EVP		
	COX, RANDALL E	6630 W. BROAD ST	RICHMOND VA	3.2 NAME			
				3.3 STREET ADDRESS	600 N. Pearl, Ste. 700, LB 182		
				3.4 CITY-ST-ZIP	Dallas, TX 75201		
	V			4.1 TITLE			
	GIVENS, NEIL H.	6363 POPLAR AVE #108	MEMPHIS TN	4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
	T/D			5.1 TITLE			
	EVANS, G. WILLIAM	6630 W. BROAD ST.	RICHMOND VA	5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
	P/D			6.1 TITLE			
	GINGER, DAVID D.	5400 LBJ FREEWAY, SUITE 125	DALLAS TX 75240	6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. 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 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 *G. William Evans* **G. William Evans** 3/9/98 804-281-6700

CR2E034 (10/97)