

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

0009821

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90047 037 \*\*\*150.00

DOCUMENT # 810531

1. Corporation Name

TITLE INSURANCE COMPANY OF AMERICA

Principal Place of Business

SUITE 108, CENTRUM BLDG  
6363 POPLAR AVENUE  
MEMPHIS TN 38119  
US

Mailing Address

PO BOX 27567  
RICHMOND VA 23261

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1955

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	ALPERT, JANET A	
STREET ADDRESS	6630 W. BROAD ST	
CITY-ST-ZIP	RICHMOND VA	
TITLE	DEVS	<input type="checkbox"/> DELETE
NAME	SHAW, G. BICKFORD	
STREET ADDRESS	710 CONGRESS AVENUE	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	DEVP	<input checked="" type="checkbox"/> DELETE
NAME	COX, RANDALL E	
STREET ADDRESS	600 N. PEARL, SUITE 700, LB 182	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V.	<input checked="" type="checkbox"/> DELETE
NAME	GIVENS, NEIL H.	
STREET ADDRESS	6363-POPLAR AVE #108	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, G. WILLIAM	
STREET ADDRESS	6630 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	GINGER, DAVID D.	
STREET ADDRESS	5400 LBJ FREEWAY, SUITE 125	
CITY-ST-ZIP	DALLAS TX 75240	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alpert, Janet A.	
1.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
1.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
2.1 TITLE	SVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Klein, Thomas R.	
2.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
2.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Purcell, W. Riker	
3.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
3.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rosati, Christopher L.	
4.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
4.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
5.1 TITLE	EVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Selby, Jeffrey C.	
5.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
5.4 CITY-ST-ZIP	Richmond, VA 23235-5153	
6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Walton, Janice D.	
6.3 STREET ADDRESS	101 Gateway Centre Pkwy, Gateway One	
6.4 CITY-ST-ZIP	Richmond, VA 23235-5153	

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, with all other like empowered.

SIGNATURE:

*W. R. Purcell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

Date

804-267-8000

Daytime Phone #

CR2E034 (11/98)