

DOCUMENT # 810531

1. Entity Name

TITLE INSURANCE COMPANY OF AMERICA

FILED
May 02, 2000 8:00 am
Secretary of State

02-16-2000 90068 041 ***150.00

Principal Place of Business

Mailing Address

9433 BEE CAVES ROAD
 BUILDING II, SUITE 102
 AUSTIN TX 78733
 US

PO BOX 27567
 RICHMOND VA 23261-7567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

101 Gateway Ctr Pkwy
 Suite, Apt. #, etc.
 Gateway One

City & State

City & State
 Richmond, VA

4. FEI Number

62-0167455

Applied For

Not Applicable

Zip

Country

Zip

Country

23235

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

SLOAN, F. LINTON
 3922 COCONUT PALM DRIVE
 SUITE 102
 TAMPA FL 33619

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when revisiting)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	ALPERT, JANET A	
STREET ADDRESS	6830 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 type="checkbox"/> Delete
NAME	RIKER, PURCELL D	
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSATI, CHRISTOPHER L	
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	SELBY, JEFFREY C	
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	GINGER, DAVID D.	
STREET ADDRESS	5400 LBJ FREEWAY, SUITE 125	
CITY-ST-ZIP	DALLAS TX 75240	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Riker Purcell
 W. Riker Purcell

2/2/00

804-267-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)