## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#810531** 

Entity Name: TITLE INSURANCE COMPANY OF AMERICA

FILED Jan 20, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9433 BEE CAVES ROAD BUILDING II, SUITE 102 AUSTIN, TX 78733 US				6363 POPULAR AVENUE SUITE 108 MEMPHIS, TX 38119 US		
Current Mailing Address:				New Mailing Address:		
<b>GATEWAY</b>	WAY CTR PHONE ONE D, VA 23235	<b>KWY</b>				
FEI Number:	62-0167455	FEI Number Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:		Name and	Address of	f New Registered Agent:
<b>SUITE 1350</b>	HORANGE A					
The above in the State		submits this statement for the pu	ırpose of	f changing it	ts registered	d office or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent						Date
Election Carr	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	ASTHEIMER, K	CTR. PKWY., GATEWAY ONE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	CHANDLER, TH	Delete HEODORE L JR. CENTRE PKWY., GATEWAY ONE A 23235		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	PURCELL, W.	CENTRE PKWY., GATEWAY ONE		Title: Name: Address: City-St-Zip:	VAUGHAN, J 101 GATEW	(X) Change ()Addition EFFREY D AY CENTRE PKWY., GATEWAY ONE VA 232355153
Title: Name: Address: City-St-Zip:	RAMOS, RONA	CENTRE PKWY., GATEWAY ONE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	WALTON, JANI	CENTRE PKWY., GATEWAY ONE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	GINGER, DAVI	EWAY, SUITE 125		Title: Name: Address: City-St-Zip:	KING, ANNA	AY CENTRE PKWY., GATEWAY ONE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOPE M. VAUGHAN AS 01/20/2005