

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # 810531

1. Entity Name
TITLE INSURANCE COMPANY OF AMERICA



Principal Place of Business
**6363 POPULAR AVENUE
SUITE 108
MEMPHIS, TX 38119 US**

Mailing Address
**5600 COX ROAD
GLEN ALLEN, VA 23060**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0167455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTHEIMER, KENNETH 5600 COX ROAD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, THEODORE L JR. 5600 COX ROAD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, JEFFREY D 5600 COX ROAD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD RAMOS, RONALD B 5600 COX ROAD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAUGHAN, HOPE M 5600 COX ROAD GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S KING, ANNA M 5600 COX ROAD GLEN ALLEN, VA 23060

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04/22/08-80076-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anna M. King
Anna M. King

4.8.08
4.8.08

Date

Daytime Phone #

8042678414
8042678414