

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90088 001 ***150.00

DOCUMENT # 810531

1. Entity Name
TITLE INSURANCE COMPANY OF AMERICA



Principal Place of Business
**9433 BEE CAVES ROAD
BUILDING II, SUITE 102
AUSTIN TX 78733
US**

Mailing Address
**101 GATEWAY CTR PKWY
GATEWAY ONE
RICHMOND VA 23235**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-0167455**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLOAN, F. LINTON
201 SOUTH ORANGE AVENUE
SUITE 1350
ORLANDO FL 32801**

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
ALPERT, JANET A
6630 W. BROAD ST
RICHMOND VA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**101 Gateway Ctr Pkwy, Gateway One
Richmond, VA 23235** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEVS
SHAW, G. BICKFORD
710 CONGRESS AVENUE
AUSTIN TX 78701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIKER, PURCELL D
101 GATEWAY CENTRE PKWY., GATEWAY ONE
RICHMOND VA 23235-5153** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
W. Riker Purcell ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSATI, CHRISTOPHER L
101 GATEWAY CENTRE PKWY., GATEWAY ONE
RICHMOND VA 23235-5153** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP, Treasurer, Director
Ronald B. Ramos
101 Gateway Centre Pkwy., Gateway One
Richmond, VA 23325** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
SELBY, JEFFREY C
101 GATEWAY CENTRE PKWY., GATEWAY ONE
RICHMOND VA 23235-5153** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
GINGER, DAVID D.
5400 LBJ FREEWAY, SUITE 125
DALLAS TX 75240** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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: *W. Riker Purcell* **REQUIRED** **W. Riker Purcell, Director 3/4/03 804-267-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)