

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 812724 (3)

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF TENNESSEE

Principal Place of Business

408 CEDAR BLUFF RD., SUITE 140
P.O. BOX 1549 (37901-1549)
KNOXVILLE TN 37923

Mailing Address

408 CEDAR BLUFF RD., SUITE 140
P.O. BOX 1549 (37901-1549)
KNOXVILLE TN 37923



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 04/21/1958	3a. Date of Last Report 02/22/1995
4. FEI Number 62-0379550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARBOROUGH, WILLIAM D.	1.2 NAME	
STREET ADDRESS	408 CEDAR BLUFF ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLOUGH, EUGENE R.	2.2 NAME	
STREET ADDRESS	408 CEDAR BLUFF ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY, LARRY M	3.2 NAME	
STREET ADDRESS	2100 S.E. MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSER, GLENDA F.	4.2 NAME	
STREET ADDRESS	408 CEDAR BLUFF ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	4.4 CITY-ST-ZIP	
TITLE	TDVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUNK, CARL A	5.2 NAME	
STREET ADDRESS	2100 S.E. MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Glenda F. Houser, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenda F. Houser

4/22/96

(423) 691-9774

Date

Daytime Phone #

CR2E034 (12/95)