

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 TEN
NESSEE

Principal Place of Business
408 CEDAR BLUFF RD., SUITE 140
P.O. BOX 1549 (37901-1549)
KNOXVILLE TN 37823

Mailing Address
408 CEDAR BLUFF RD., SUITE 140
P.O. BOX 1549 (37901-1549)
KNOXVILLE TN 37823-3640



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1958		3a. Date of Last Report 04/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 62-0379550		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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
FL 85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	YARBOROUGH, WILLIAM D.	
STREET ADDRESS	408 CEDAR BLUFF ROAD	
CITY - ST - ZIP	KNOXVILLE TN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCULLOUGH, EUGENE R.	
STREET ADDRESS	408 CEDAR BLUFF ROAD	
CITY - ST - ZIP	KNOXVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAMINSKY, LARRY M	
STREET ADDRESS	2100 S.E. MAIN ST.	
CITY - ST - ZIP	IRVINE CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOUSER, GLENDA F.	
STREET ADDRESS	408 CEDAR BLUFF ROAD	
CITY - ST - ZIP	KNOXVILLE TN	
TITLE	TDVP	<input type="checkbox"/> DELETE
NAME	STRUNK, CARL A	
STREET ADDRESS	2100 S.E. MAIN STREET	
CITY - ST - ZIP	IRVINE CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0477758

CR2E034 (9/96)