

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90216 009 ***150.00

DOCUMENT # F03000001973 1. Entity Name LANDAMERICA INSURANCE AGENCY, INC.					
Principal Place of Business 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235			Mailing Address 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235		
2. Principal Place of Business - No P.O. Box # 5600 Cox Road Suite, Apt. #, etc.		3. Mailing Address 5600 Cox Road Suite, Apt. #, etc.			
City & State Glen Allen, VA Zip 23060 Country USA		City & State Glen Allen, VA Zip 23060 Country USA		4. FEI Number 54-1706035	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SLOAN, F. LINTON 201 S. ORANGE AVENUE STE. 1350 ORLANDO, FL 32801			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DCOO CHANDLER, THEODORE L JR. 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary Hope M. Vaughan 5600 Cox Road Glen Allen, VA 23060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELBY, JEFFREY C 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAYLORS, PAMELA K 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KELLY, J. KEVIN 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS PERRINE, WM. C 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT RAMOS, RONALD B 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Hope M. Vaughan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Hope M. Vaughan 4-24-2007 (804) 267-8697 <small>Date Daytime Phone #</small>		