2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 07, 2007 8:00 am
Secretary of State
05-09-2007 90103 019 ***150.00

DOCUMENT # F06000000809

1. Entity Name
LANDAMERICA ALLIANCE COMPANY

Principal Place of Business	Mailing Address
101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235	101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235

04262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5600 Cox Road	5600 Cox Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Glen Allen, VA	City & State: Glen Allen, VA
Zip: 23060 Country: USA	Zip: 23060 Country: USA

4. FEI Number: 54-2022917 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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	C CHANDLER, JR., THEODORE L 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SVP Thomas R. Klein 5600 Cox Road Glen Allen, VA 23060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BEDELL, PAUL M 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P Jeffrey D. Vaughan 5600 Cox Road Glen Allen, VA 23060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RAMOS, RONALD B 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5600 Cox Road Glen Allen, VA 23060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VAUGHAN, HOPE M 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5600 Cox Road Glen Allen, VA 23060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KING, ANNA M 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5600 Cox Road Glen Allen, VA 23060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Jeffrey C. Selby 5600 Cox Road Glen Allen, VA 23060	☐ Change ☒ 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 Hope M. Vaughan 4-26-07 (804)267-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #