

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H42533 (0)

1. Corporation Name

BANKERS TITLE INSURANCE COMPANY

800001472398
-05/03/95--01061-001
***2000.00 ***2000.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 15707 P.O. BOX 15707
ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733
US US

3. Date Incorporated or Qualified 02/13/1985 3a. Date of Last Report 05/01/1994

4. FEI Number 59-2958831 Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 City & State 28 City & State

24 City 25 Country 29 City 30 Country

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL

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 title if applicable.

(a)(3) Registered Agent: signature required when registering.

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	MENKE, ROBERT M.
STREET ADDRESS	360 CENTRAL AVE.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	DP
NAME	MEEHAN, DAVID K.
STREET ADDRESS	360 CENTRAL AVE.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	DT
NAME	HUSSEMANN, EDWIN C.
STREET ADDRESS	360 CENTRAL AVE.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	DS
NAME	DELANO, G. KRISTIN
STREET ADDRESS	360 CENTRAL AVE.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 of Block 13, changed, or on an attachment with an address.

SIGNATURE:

G. Kristin Delano, Secretary

(813) 823-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

(Signature/Name)