

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

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H42533** (0)
1. Corporation Name
BANKERS TITLE INSURANCE COMPANY



Principal Place of Business P.O. BOX 15707 ST. PETERSBURG FL 33733 US	Mailing Address P.O. BOX 15707 ST. PETERSBURG FL 33733-5707 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/13/1985	3a. Date of Last Report 04/27/1996
4. FEI Number 59-2958831	Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL
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10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> DELETE
NAME	MENKE, ROBERT M.
STREET ADDRESS	360 CENTRAL AVE.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	MEEHAN, DAVID K.
STREET ADDRESS	360 CENTRAL AVE.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	HUSSEMAN, EDWIN C.
STREET ADDRESS	360 CENTRAL AVE.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	DELANO, G. KRISTIN
STREET ADDRESS	360 CENTRAL AVE.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D, EVP. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MENKE, ROBERT G.
1.3 STREET ADDRESS	360 Central Ave.
1.4 CITY - ST - ZIP	St. Petersburg, FL 33701
2.1 TITLE	V, CFO. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KING, KELLY K.
2.3 STREET ADDRESS	360 Central Ave.
2.4 CITY - ST - ZIP	St. Petersburg, FL 33701
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:  **Kristin Delano** 2/17/97 (813) 823-4000x4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, year

CR2E034 (9/96)