

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

FILED

May 08 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 # P07949 (1)
1. Corporation Name
TRANSNATION TITLE INSURANCE COMPANY



Principal Place of Business 1700 MARKET ST 22ND FL PHILADELPHIA PA 19103 US	Mailing Address 1700 MARKET ST 22ND FL PHILADELPHIA PA 19103-3901 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1985		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 86-0719450		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	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 INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, ROBERT J.	1.2 NAME	Hauser, Jr., Robert J.
STREET ADDRESS	1700 MARKET ST 22ND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	SVP/D
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSBERG, DAVID E	2.2 NAME	
STREET ADDRESS	1700 MARKET ST 22ND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	TV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISCHLER, JEFFREY A.	3.2 NAME	
STREET ADDRESS	1700 MARKET ST 22ND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JAMES, J.D., JR.	4.2 NAME	
STREET ADDRESS	1700 MARKET ST 22ND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HARLEY DEC	5.2 NAME	Brown, Harley D.
STREET ADDRESS	1700 MARKET ST 22ND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDER, HERBERT	6.2 NAME	
STREET ADDRESS	1700 MARKET ST 22ND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	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:  April 30, 1997 215-241-6000

CR2E034 (9/96)