

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90090 021 \*\*\*150.00

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DOCUMENT # P07949

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  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 234 North Central Ave

Suite, Apt. #, etc.

22 Suite 670

City & State

23 Phoenix Arizona

Zip

24 85004

Country

25 USA

2a. Mailing Address

26 101 Gateway Cntr Pkwy

Suite, Apt. #, etc.

27 Gateway One

City & State

28 Richmond VA

Zip

29 23235

Country

30 USA

3. Date Incorporated or Qualified

10/31/1985

4. FEI Number

86-0719450

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 owes the current year intangible  
Personal Property Tax.

☐ Yes

☐ 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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVPD  
NAME GLASSBERG, DAVID E  
STREET ADDRESS 1700 MARKET ST 22ND FL  
CITY-ST-ZIP PHILADELPHIA PA ☒ DELETE

TITLE D  
NAME TISCHLER, JEFFREY A.  
STREET ADDRESS 1700 MARKET ST 22ND FL  
CITY-ST-ZIP PHILADELPHIA PA ☐ DELETE

TITLE V  
NAME LYNCH, JAMES, J.D., JR.  
STREET ADDRESS 1700 MARKET ST 22ND FL  
CITY-ST-ZIP PHILADELPHIA PA ☒ DELETE

TITLE P  
NAME WENDER, HERBERT  
STREET ADDRESS 1700 MARKET ST 22ND FL  
CITY-ST-ZIP PHILADELPHIA PA ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Janet A. Alpert  
1.3 STREET ADDRESS 101 Gateway Centre Parkway  
1.4 CITY-ST-ZIP Richmond VA 23235

2.1 TITLE D EVP CFO ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 101 Gateway Centre Parkway  
2.4 CITY-ST-ZIP Richmond VA 23235

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Charles H. Foster, JR.  
3.3 STREET ADDRESS 101 Gateway Centre Parkway  
3.4 CITY-ST-ZIP Richmond VA 23235

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 101 Gateway Centre Parkway  
4.4 CITY-ST-ZIP Richmond VA 23235

5.1 TITLE D EVP ☐ Change ☒ Addition  
5.2 NAME Stephen P. Veltri  
5.3 STREET ADDRESS 200 West Santa Ana Blvd Ste 670  
5.4 CITY-ST-ZIP Santa Ana CA 92701

6.1 TITLE SVP ☐ Change ☒ Addition  
6.2 NAME Wm. Chadwick Perrine  
6.3 STREET ADDRESS 101 Gateway Centre Parkway  
6.4 CITY-ST-ZIP Richmond VA 23235

14. I 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, with all other like empowered.

SIGNATURE:

*W. S. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(804) 267-8317

Daytime Phone #

CR2E034 (1/198)