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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26446

1. Corporation Name
SOUTHERN TITLE INSURANCE CORPORATION

Principal Place of Business

901 E. CARY ST.
17TH FLOOR
RICHMOND VA 23218-0399
US

Mailing Address

P. O. BOX 399
RICHMOND VA 23203-0399
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1989

4. FEI Number

54-0483197

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
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 DP
NAME CRUICKSHANKS, DONALD V.
STREET ADDRESS 901 E. CARY ST., 17TH FLOOR
CITY-ST-ZIP RICHMOND VA

☐ DELETE

TITLE V
NAME HARDWICK, WILLIAM D
STREET ADDRESS 915 MAIN ST 3RD FLOOR
CITY-ST-ZIP LYNCHBURG VA 24504

☐ DELETE

TITLE DS
NAME SKLAR, GERALD W.
STREET ADDRESS 901 E. CARY ST., 17TH FLOOR
CITY-ST-ZIP RICHMOND VA

☐ DELETE

TITLE V
NAME BRIEL, MICHAEL E.
STREET ADDRESS 305 HARRISON ST SE, SUITE 100
CITY-ST-ZIP LEESBURG VA

☐ DELETE

TITLE DC
NAME COOGAN, H. WILLIAM JR.
STREET ADDRESS 901 E. CARY ST., 17TH FLOOR
CITY-ST-ZIP RICHMOND VA

☒ DELETE

TITLE V
NAME WILEY, RONALD. D J
STREET ADDRESS 401 PARK ST
CITY-ST-ZIP CHARLOTTESVILLE VA 22901

☐ DELETE

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 V ☐ 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

SIGNATURE REQUIRED **4-27-99** **804648600**