## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P26446

FILED May 15, 2006 Secretary of State

Entity Name: SOUTHERN TITLE INSURANCE CORPORATION

	rincipal Place	of Business:	New Princ	New Principal Place of Business:	
051 E. CA	ARY ST.				
TH FL. RICHMON	D, VA 23219	US			
urrent M	ailing Address	s:	New Maili	ng Address:	
P. O. BOX RICHMON	399 D, VA 23218	US			
El Number:	54-0483197	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
lame and	Address of Co	urrent Registered Agent:	Name and	Address of New Registered Agent:	
O BOX 6	IANCIAL OFFIC 200 (32314-620 NES ST SSEE, FL 3239	00)			
	named entity s of Florida.	ubmits this statement for the pur	rpose of changing i	ts registered office or registered agent, or both,	
IGNATUF					
	Electroni	c Signature of Registered Agent	t	Date	
lection Car	npaign Financing	(2)(b), F.S., the corporation did not r Trust Fund Contribution ( ).	eceive the prior notic	e.	
FFICERS	S AND DIRECT	'ORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS	
itle: ame: ddress: ity-St-Zip:	DP () REEVES, DENN 1051 E. CARY S RICHMOND, VA	ST. 7TH FL.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
tle:	V () HARDWICK, WII	Delete LLIAM J	Title: Name:	() Change () Addition	
ame: ddress: ity-St-Zip:	915 MAIN ST 3R LYNCHBURG, V		Address: City-St-Zip:		
ddress:	915 MAIN ST 3R LYNCHBURG, V	A 24504 Delete ER ET. 7TH FL.		()Change()Addition	
ddress: ity-St-Zip: tte: ame: ddress: ity-St-Zip: tte: ame: ddress:	915 MAIN ST 3R LYNCHBURG, V. VSD () PURCELL, RIKE 1051 E. CARY S RICHMOND, VA V () BRIEL, MICHAEL	A 24504  Delete ER ET. 7TH FL. 23219  Delete L E ST SE, SUITE 100	City-St-Zip: Title: Name: Address:	()Change()Addition ()Change()Addition	
ddress: ity-St-Zip: tle: ame: ddress:	915 MAIN ST 3R LYNCHBURG, V. VSD () PURCELL, RIKE 1051 E. CARY S RICHMOND, VA V () BRIEL, MICHAEL 305 HARRISON LEESBURG, VA	A 24504  Delete ER ET. 7TH FL. 23219  Delete L E ST SE, SUITE 100 20175  Delete NALD D	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	, , , , , , , , , , , , , , , , , , ,	

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. BLANTON, JR. T 05/15/2006