

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000005362

**FILED**  
**Mar 22, 2023**  
**Secretary of State**  
**3028148546CC**

**Entity Name:** DHI TITLE INSURANCE COMPANY

**Current Principal Place of Business:**

10700 PECAN PARK BLVD STE 125  
AUSTIN, TX 78750

**Current Mailing Address:**

10700 PECAN PARK BLVD STE 125  
AUSTIN, TX 78750 US

**FEI Number: 85-1021458**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name WINTER, MARK  
Address 10700 PECAN PARK BLVD STE 125  
City-State-Zip: AUSTIN TX 78750

Title S  
Name COLLETT, LISA  
Address 10700 PECAN PARK BLVD STE 125  
City-State-Zip: AUSTIN TX 78750

Title D  
Name JONES, JASON  
Address 10700 PECAN PARK BLVD STE 125  
City-State-Zip: AUSTIN TX 78750

Title D  
Name LUECHAUER, SONYA  
Address 10700 PECAN PARK BLVD STE 125  
City-State-Zip: AUSTIN TX 78750

Title PRESIDENT  
Name PIZER, CRAIG  
Address 10700 PECAN PARK BLVD STE 125  
City-State-Zip: AUSTIN TX 78750

*I hereby 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 all other like empowered.*

**SIGNATURE: CRAIG PIZER**

**PRESIDENT**

**03/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date