

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215544599

1.) CORPORATION NAME:

INVESTORS TITLE INSURANCE COMPANY

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0444069**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 121 N COLUMBIA ST
PO DRAWER 2687

CITY/ST/ZIP: CHAPEL HILL, NC 27515-2687

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	W. MORRIS FINE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
ADDRESS:	121 N COLUMBIA STREET		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		

NAME:	JAMES A FINE JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CFO		
ADDRESS:	121 N COLUMBIA STREET		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		

NAME:	L DAWN MARTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	121 N COLUMBIA STREET		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		

NAME:	C TODD MURPHY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	121 N COLUMBIA STREET		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		

NAME:	J ALLEN FINE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	121 N COLUMBIA STREET		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		

NAME:	MICHAEL AIKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	121 N. COLUMBIA STREET		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		

NAME:	BLAIR N BACISIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	121 N COLUMBIA ST.		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BLAIR N BACISIN	BLAIR N BACISIN, ASST SECRETARY	12/16/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.