

1.) CORPORATION NAME:

**INVESTORS TITLE EXCHANGE CORPORATION**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1393588**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000
PREFER	15,000

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

CITY/ST/ZIP: CHAPEL HILL, NC 27514

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.

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

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELIZABETH B LEWTER	
TITLE:	VP/TREAS	
ADDRESS:	121 N COLUMBIA STREET	
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514	

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

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CAROL A. HAYDEN	
TITLE:	EVP, ASST. SEC.	
ADDRESS:	121 N. COLUMBIA STREET	
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514	

NAME: CAROLINE A. VOGEL TITLE: AVP, ASST. SEC. ADDRESS: 121 N. COLUMBIA STREET CITY/ST/ZIP/CO: CHAPEL HILL, NC 27514	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BLAIR N BACISIN TITLE: ASST SECRETARY ADDRESS: 121 N COLUMBIA ST CITY/ST/ZIP/CO: CHAPEL HILL, NC 27514	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT CRABILL TITLE: ASST SECRETARY ADDRESS: 121 N. COLUMBIA STREET CITY/ST/ZIP/CO: CHAPEL HILL, NC 27514	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TONYA A MASON TITLE: AVP ADDRESS: 325 ARLINGTON AVE. SUITE 630 CITY/ST/ZIP/CO: CHARLOTTE, NC 28203	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: J. ALLEN FINE TITLE: DIRECTOR ADDRESS: 121 NORTH COLUMBIA STREET CITY/ST/ZIP/CO: CHAPEL HILL, NC 27514	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: C. TODD MURPHY TITLE: DIRECTOR ADDRESS: 121 N. COLUMBIA STREET CITY/ST/ZIP/CO: CHAPEL HILL, NC 27514	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BLAIR N BACISIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
9/20/2012 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.	