

1.) CORPORATION NAME:

**INVESTORS TITLE EXCHANGE CORPORATION**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1393588**

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.

NAME:	JAMES A FINE JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	121 NORTH COLUMBIA STREET		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		
NAME:	W MORRIS FINE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	121 N COLUMBIA ST		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		
NAME:	ELIZABETH B LEWTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
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:	VP/S		
ADDRESS:	121 NORTH COLUMBIA STREET		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		
NAME:	JANE M. TURNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	121 N. COLUMBIA STREET		
CITY/ST/ZIP/CO:	CHAPEL HILL, NC 27514		
NAME:	CAROL A. HAYDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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: 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	11/4/2013 _____ 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.		