

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214505225

1.) CORPORATION NAME:

**Westcor Land Title Insurance Company**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.  
250 BROWNS HILL COURT  
MIDLOTHIAN, VA**

SCC ID NO: **F1533357**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 16,666     |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 875 CONCOURSE PARKWAY SOUTH  
SUITE 200

CITY/ST/ZIP: MAITLAND, FL 32751

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:    | MARY O'DONNELL   |  |
| TITLE:   | PRESIDENT  |  |
| ADDRESS: | 875 CONCOURSE PARKWAY SOUTH<br>STE 200<br>MAITLAND, FL 32751 |  |

|          |   |                                   |
|----------|---|-----------------------------------|
|          | <input checked="" type="checkbox"/> OFFICER               | <input type="checkbox"/> DIRECTOR |
| NAME:    | MICHAEL SCHEFSTAD   |                                   |
| TITLE:   | TREASURER   |                                   |
| ADDRESS: | 875 COUCOURSE PARKWAY SOUTH STE 200<br>MAITLAND, FL 32751 |                                   |

|          |  |                                   |
|----------|--|-----------------------------------|
|          | <input checked="" type="checkbox"/> OFFICER                  | <input type="checkbox"/> DIRECTOR |
| NAME:    | PATRICIA W BOWER   |                                   |
| TITLE:   | SECRETARY  |                                   |
| ADDRESS: | 875 CONCOURSE PARKWAY SOUTH<br>STE 200<br>MAITLAND, FL 32151 |                                   |

|          |  |  |
|----------|--|--|
|          | <input type="checkbox"/> OFFICER                             | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:    | ROBBIE D GRAHAM  |  |
| TITLE:   | DIRECTOR   |  |
| ADDRESS: | 2500 NORTH BUFFALO DRIVE<br>SUITE 235<br>LAS VEGAS, NV 89128 |  |

|          |  |  |
|----------|--|--|
|          | <input type="checkbox"/> OFFICER                               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:    | ROY W LASSITER   |  |
| TITLE:   | DIRECTOR   |  |
| ADDRESS: | 875 CORCOURSE PARKWAY SOUTH<br>SUITE 200<br>MAITLAND, FL 32751 |  |

|          |                                       |  |
|----------|---------------------------------------|--|
|          | <input type="checkbox"/> OFFICER      | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:    | DAVID PHILIPP                         |  |
| TITLE:   | DIRECTOR                              |  |
| ADDRESS: | 189 FULWEILER AVE<br>AUBURN, CA 95603 |  |

