

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215500807

1.) CORPORATION NAME:

Westcor Land Title Insurance Company

DUE DATE: **1/31/2015**

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 STE 200 MAITLAND, FL 32751				

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

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

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

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

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

NAME:	TERRENCE L WRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 N BUFFALO DR STE 245		
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89128		

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.

<u>/s/ MICHAEL SCHEFSTAD</u>	<u>MICHAEL SCHEFSTAD,</u>	<u>12/15/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.