


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90011 024 \*\*\*150.00

**DOCUMENT # 828349**  
 1. Entity Name  
**FIRST AMERICAN TITLE INSURANCE COMPANY**



Principal Place of Business      Mailing Address  
**1 FIRST AMERICAN WY**      **1 FIRST AMERICAN WY**  
**SANTA ANA, CA 92707 US**      **SANTA ANA, CA 92707 US**

**50011777**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01262005      Chg-P      CR2E034 (10/03)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**95-2566122**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      PD       Delete  
 NAME      **KERMOTT, GARY L**  
 STREET ADDRESS      **1 FIRST AMERICAN WY**  
 CITY-ST-ZIP      **SANTA ANA, CA 92707**

TITLE      VP/D       Change       Addition  
 NAME      **Craig I. DeRoy**  
 STREET ADDRESS      **1 First American Way**  
 CITY-ST-ZIP      **Santa Ana, CA 92707**

TITLE      VS       Delete  
 NAME      **ARNESSEN, MARK R**  
 STREET ADDRESS      **1 FIRST AMERICAN WY**  
 CITY-ST-ZIP      **SANTA ANA, CA 92707**

TITLE      \_\_\_\_\_       Change       Addition  
 NAME      \_\_\_\_\_  
 STREET ADDRESS      \_\_\_\_\_  
 CITY-ST-ZIP      \_\_\_\_\_

TITLE      VCFO       Delete  
 NAME      **THOMA, JOHN R**  
 STREET ADDRESS      **200 S.W. MARKET STREET, STE 350**  
 CITY-ST-ZIP      **PORTLAND, OR 97201**

TITLE      VP/CFO       Change       Addition  
 NAME      **Thomas R. Wawersich**  
 STREET ADDRESS      **1 First American Way**  
 CITY-ST-ZIP      **Santa Ana, CA 92707**

TITLE      D       Delete  
 NAME      **BEBAN, GARY J**  
 STREET ADDRESS      **233 N MICHIGAN AVE #2200**  
 CITY-ST-ZIP      **CHICAGO, IL 60601**

TITLE      \_\_\_\_\_       Change       Addition  
 NAME      \_\_\_\_\_  
 STREET ADDRESS      \_\_\_\_\_  
 CITY-ST-ZIP      \_\_\_\_\_

TITLE      D       Delete  
 NAME      **CHATHAM, JAMES D**  
 STREET ADDRESS      **5780 WINDWARD PARKWAY #300**  
 CITY-ST-ZIP      **ALPHARETTA, GA 30005**

TITLE      \_\_\_\_\_       Change       Addition  
 NAME      \_\_\_\_\_  
 STREET ADDRESS      \_\_\_\_\_  
 CITY-ST-ZIP      \_\_\_\_\_

TITLE      D       Delete  
 NAME      **DAVIS, WILLIAM G.**  
 STREET ADDRESS      **79 WELLINGTON STREET W #3000**  
 CITY-ST-ZIP      **TORONTO, ONTARIO CANADA, m5k 1n2**

TITLE      \_\_\_\_\_       Change       Addition  
 NAME      \_\_\_\_\_  
 STREET ADDRESS      \_\_\_\_\_  
 CITY-ST-ZIP      \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_      Date: **2/11/05**      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR