

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90034 033 \*\*\*150.00

**60019042**



01112006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 828349</b>			
1. Entity Name FIRST AMERICAN TITLE INSURANCE COMPANY			
Principal Place of Business 1 FIRST AMERICAN WY SANTA ANA, CA 92707 US		Mailing Address 1 FIRST AMERICAN WY SANTA ANA, CA 92707 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 95-2566122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75. Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERMOTT, GARY L 1 FIRST AMERICAN WY SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ARNESEN, MARK R 1 FIRST AMERICAN WY SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO WAWERSICH, THOMAS R 1 FIRST AMERICAN WAY SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas R. Wawersich <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEBAN, GARY J 233 N MICHIGAN AVE #2200 CHICAGO, IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	311 S. Wacker Drive, Suite 400 Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATHAM, JAMES D 5780 WINDWARD PARKWAY #300 ALPHARETTA, GA 30005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WILLIAM G. 79 WELLINGTON STREET W #3000 TORONTO, ONTARIO CANADA, m5k 1n2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathleen M. Collins</i>		VP, Assistant Sec. 01/11/06 (800) 854-3643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



*First American  
Title Insurance Company*

ATTACHMENT

60019042

February 15, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: First American Title Insurance Company**

**Document ID No. 828349**

Dear Sir/Madam:

Enclosed, please find a signed 2006 For Profit Corporation Annual Report and Check No. 6000106562 payable to Florida Department of State in the amount of \$150.00 in relation to First American Title Insurance Company's annual report fee.

Should you have any questions, please feel free to contact me at (714) 800-3391, or via E-mail at [hdeavila@firstam.com](mailto:hdeavila@firstam.com).

Very truly yours,

Helen N. Deavila  
Paralegal

Enclosures