

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828349

FILED
Feb 14, 2011
Secretary of State

Entity Name: FIRST AMERICAN TITLE INSURANCE COMPANY

Current Principal Place of Business:

1 FIRST AMERICAN WAY
SANTA ANA, CA 92707 US

New Principal Place of Business:

Current Mailing Address:

1 FIRST AMERICAN WAY
SANTA ANA, CA 92707 US

New Mailing Address:

FEI Number: 95-2566122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GILMORE, DENNIS J
Address: 1 FIRST AMERICAN WAY
City-St-Zip: SANTA ANA, CA 92707

Title: SD
Name: KEMP, TIMOTHY V
Address: 1 FIRST AMERICAN WAY
City-St-Zip: SANTA ANA, CA 92707

Title: CFOD
Name: HARMSWORTH, MARK J
Address: 1 FIRST AMERICAN WAY
City-St-Zip: SANTA ANA, CA 92707

Title: ASD
Name: ROBINSON, JEFFREY S
Address: 1 FIRST AMERICAN WAY
City-St-Zip: SANTA ANA, CA 92707

Title: D
Name: KENNEDY, PARKER S
Address: 1 FIRSTA AMERICAN WAY
City-St-Zip: SANTA ANA, CA 92707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY V. KEMP

S

02/14/2011

Electronic Signature of Signing Officer or Director

_____ Date