

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90206 010 \*\*\*150.00

**DOCUMENT # 828349**  
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  
Suite, Apt. #, etc.

3. Mailing Address,  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country  
Zip Country

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

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32301**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KERMOTT, GARY L	
STREET ADDRESS	1 FIRST AMERICAN WY	
CITY-ST-ZIP	SANTA ANA CA 92707	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ARNESEN, MARK R	
STREET ADDRESS	1 FIRST AMERICAN WY	
CITY-ST-ZIP	SANTA ANA CA 92707	
TITLE	VT	<input type="checkbox"/> Delete
NAME	THOMA, JOHN R	
STREET ADDRESS	1 FIRST AMERICAN WY	
CITY-ST-ZIP	SANTA ANA CA 92707	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEBAN, GARY J	
STREET ADDRESS	233 N MICHIGAN AVE #2200	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHATHAM, JAMES D	
STREET ADDRESS	5780 WINDWARD PARKWAY #300	
CITY-ST-ZIP	ALPHARETTA GA 30005	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM G.	
STREET ADDRESS	79 WELLINGTON STREET W #3000	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5K- 1N2	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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: *KATHLEEN M. BLOOMER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2003 (800) 854-3643  
Date Daytime Phone #

CR2E034 (10/02)

*Attachment  
DH 828319*

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)  
FOR  
FIRST AMERICAN TITLE INSURANCE COMPANY  
Document #828349**

Officers and Directors - Cont'd

Title: Vice President/Assistant Secretary  
Name: Kathleen M. Collins  
Street Address: 1 First American Way  
City, State-Zip: Santa Ana, CA 92707

Title: Senior Executive Vice President/Director  
Name: Craig I. DeRoy  
Street Address: 1 First American Way  
City, State Zip: Santa Ana, CA 92707

Title: Director  
Name: Dr. James L. Doti  
Street Address: 1 University Drive  
City, State Zip: Orange, CA 92866

Title: Director  
Name: Lewis W. Douglas, Jr.  
Street Address: 1776 Lincoln Street, #410  
City, State Zip: Denver, CO 80203

Title: Director  
Name: Paul B. Fay, Jr.  
Street Address: 3766 Clay Street  
City, State Zip: San Francisco, CA 94118

Title: Vice Chairman/Director  
Name: Donald P. Kennedy  
Street Address: 1 First American Way  
City, State Zip: Santa Ana, CA 92707

Title: Chairman/Director  
Name: Parker S. Kennedy  
Street Address: 1 First American Way  
City, State Zip: Santa Ana, CA 92707

*Attachment*

Title: Vice President/Director  
Name: Thomas A. Klemens  
Street Address: 1 First American Way  
City, State Zip: Santa Ana, CA 92707

*#828349*

Title: Director  
Name: Frank E. O'Bryan  
Street Address: 1 First American Way  
City, State Zip: Santa Ana, CA 92707

Title: Director  
Name: John W. Long  
Street Address: 805 Executive Center-Drive-West, #300  
City, State Zip: St. Petersburg, FL 33702

Title: Regional Vice President/Director  
Name: James M. Orphanides  
Street Address: 633 Third Avenue  
City, State Zip: New York, NY 10017

Title: Director  
Name: Roslyn B. Payne  
Street Address: 3490 California Street, #209  
City, State Zip: San Francisco, CA 94118

Title: Director  
Name: D. Van Skilling  
Street Address: 125 Netas Court  
City, State Zip: Palm Desert, CA 92260

Title: Director  
Name: Herbert B. Tasker  
Street Address: 200 Pringle Avenue, #500  
City, State Zip: Walnut Creek, CA 94596

Title: Director  
Name: Virginia M. Ueberroth  
Street Address: 184 Emerald Bay  
City, State Zip: Laguna Beach, CA 92651

Title: Director  
Name: Martin R. Wool  
Street Address: 7833 Haskell Avenue  
City, State Zip: Van Nuys, CA 91406