

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000001933**

1. Entity Name  
**FIDELITY NATIONAL HOME WARRANTY COMPANY**



Principal Place of Business  
**2950 BUSKIRK AVE., SUITE 201  
 WALNUT CREEK, CA 94596**

Mailing Address  
**17911 VON KARMAN AVE.  
 STE 300  
 IRVINE, CA 92614**

**DO NOT WRITE IN THIS SPACE**



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number **68-0021143** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**DO NOT WRITE  
 IN THIS SPACE**

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 re-registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE: PCEO  
 NAME: JENSEN, BILLY D  
 STREET ADDRESS: 2950 BUSKIRK AVE., SUITE 201  
 CITY-ST-ZIP: WALNUT CREEK, CA 94596

TITLE: VCAS  
 NAME: ELLIOTT-TRISTANT, CATHERINE  
 STREET ADDRESS: 2950 BUSKIRK AVE., STE 201  
 CITY-ST-ZIP: WALNUT CREEK, CA 94596

TITLE: VPT  
 NAME: FARENGA, PATRICK G  
 STREET ADDRESS: 601 RIVERSIDE AVE.  
 CITY-ST-ZIP: JACKSONVILLE, FL 32204

TITLE: SVPS  
 NAME: JOHNSON, TODD C  
 STREET ADDRESS: 601 RIVERSIDE AVE  
 CITY-ST-ZIP: JACKSONVILLE, FL 32204

TITLE: CFO  
 NAME: STINSON, ALAN L  
 STREET ADDRESS: 601 RIVERSIDE AVE  
 CITY-ST-ZIP: JACKSONVILLE, FL 32204

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

U00000456189  
 03/16/06-80018-018 150.00

**DO NOT WRITE  
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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: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 925-817-3221  
 Date Daytime Phone #