2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F06000000008

Entity Name: NORTH AMERICAN TITLE INSURANCE COMPANY

Current Principal Place of Business:

1855 GATEWAY BOULEVARD
SUITE 600
CONCORD, CA 94520

New Principal Place of Business:

Current Mailing Address:

1855 GATEWAY BOULEVARD
SUITE 600
CONCORD, CA 94520

New Mailing Address:

FEI Number: 95-2275595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	REED, LINDA L	
Address:	700 NW 107TH AVENUE	
City-St-Zip:	MIAMI, FL 33172	
Title:	DV	( ) Delete
Name:	KELLER, CLOTILDE	
Address:	700 NW 107TH AVENUE	
City-St-Zip:	MIAMI, FL 33172	
Title:	T	( ) Delete
Name:	BENSON, DONNIS	
Address:	700 NW 107TH AVENUE	
City-St-Zip:	MIAMI, FL 33172	
Title:	D, P	( ) Delete
Name:	FENANDEZ, EMILIO	
Address:	700 NW 107TH AVENUE	
City-St-Zip:	MIAMI, FL 33172	
Title:	S, V	( ) Delete
Name:	MACMILLAN, JOHN T	
Address:	1855 GATEWAY BLVD., SUITE 600	
City-St-Zip:	CONCORD, CA 94520	
Title:	EVP	(X) Delete
Name:	BROWN, JEFFREY P	
Address:	1855 GATEWAY BLVD., SUITE 600	
City-St-Zip:	CONCORD, CA 94520	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S, V	(X) Change ( ) Addition
Name:	BROWN, JEFFREY P	
Address:	1855 GATEWAY BLVD., SUITE 600	
City-St-Zip:	CONCORD, CA 94520	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY P. BROWN S 03/25/2009

Electronic Signature of Signing Officer or Director — Date