

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005419

**Entity Name:** FIRST AMERICAN TITLE COMPANY OF DELAWARE, LLC

**Current Principal Place of Business:**

1 FIRST AMERICAN WAY  
SANTA ANA, CA 92707

**Current Mailing Address:**

1 FIRST AMERICAN WAY  
SANTA ANA, CA 92707

**FEI Number: 52-2364313**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           GILROY, ROBIN  
Address        300 E. LONG LAKE ROAD  
                  STE. 300  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title           MANAGER  
Name           NELSON, II, JAMES O.  
Address        1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title           MANAGER  
Name           TYLER, SALLY FRENCH  
Address        3 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title           MANAGER  
Name           GALITZ, KURT  
Address        3035 C STREET, STE. 100  
City-State-Zip: ANCHORAGE AK 99503

Title           MANAGER  
Name           AULBERT, WILLIAM J.  
Address        1 FIRST AMERICAN WAY  
City-State-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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES O. NELSON, II**

**MANAGER**

**02/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date