

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 828349

**Entity Name:** FIRST AMERICAN TITLE INSURANCE COMPANY

**Current Principal Place of Business:**

1 FIRST AMERICAN WAY  
SANTA ANA, CA 92707

**Current Mailing Address:**

1 FIRST AMERICAN WAY  
SANTA ANA, CA 92707 US

**FEI Number:** 95-2566122

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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

**Officer/Director Detail :**

Title            PRESIDENT AND CEO, DIRECTOR  
Name            GILMORE, DENNIS J  
Address        1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            SVP, SECRETARY, DIRECTOR  
Name            ROBINSON, JEFFREY S  
Address        1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            CFO, DIRECTOR  
Name            SEATON, MARK E  
Address        1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            EVP, COO, DIRECTOR  
Name            LEAVELL, CHRISTOPHER M  
Address        1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            VP, TREASURER  
Name            MCCREADIE , MATTHEW  
Address        1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            CHIEF ACCOUNTING OFFICER  
Name            WAJNER, MATTHEW F  
Address        1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title            EVP, VC  
Name            PFOTENHAUER, KURT P  
Address        1455 PENNSYLVANIA AVENUE, NW  
                 SUITE 800  
City-State-Zip: WASHINGTON DC 20004

Title            EXECUTIVE VICE PRESIDENT  
Name            TYLER, SALLY FRENCH  
Address        1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

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*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:** JEFFREY S. ROBINSON

**SVP, SECRETARY**

**02/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT  
Name LIVERMORE, GEORGE S  
Address 4 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707

Title VP, DIRECTOR  
Name ALBRECHT, ELLEN C  
Address 5017 LEAVENWORTH STREET  
SUITE 100  
City-State-Zip: OMAHA NE 68106

Title EXECUTIVE VICE PRESIDENT  
Name ZANIC, EVAN M  
Address 310 GRANT STREET, SUITE 1601  
City-State-Zip: PITTSBURGH PA 15219

Title EXECUTIVE VICE PRESIDENT  
Name HOFFMAN, JUDD D.  
Address 1 FIRST AMERICAN WAY  
City-State-Zip: SANTA ANA CA 92707