2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005016

Entity Name: FNF INSURANCE SERVICES, INC.

Current Principal Place of Business:

601 RIVERSIDE AVE JACKSONVILLE, FL 32204

Current Mailing Address:

C/O MADELINE G. M. LOVEJOY 3210 EL CAMINO REAL STE 200 IRVINE. CA 92602 US

FEI Number: 68-0261106 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

FILED Feb 14, 2023

Secretary of State

9049449720CC

Officer/Director Detail:

Title DCEO Title CFO

NameJEWKES, ROGER SNamePARK, ANTHONY JAddress4400 MACARTHUR BLVD STE 200Address601 RIVERSIDE AVE.

City-State-Zip: NEWPORT BEACH CA 92660 City-State-Zip: JACKSONVILLE FL 32204

TitleVP/ASST TREASURERTitleVP/CORP SECRETARYNameSUPALO, MARILYN C. N.NameNEMZURA, MARJORIE

Address 1701 VILLAGE CENTER CIRCLE Address 10 S LASALLE ST STE 3100

City-State-Zip: LAS VEGAS NV 89134 City-State-Zip: CHICAGO IL 60603

Title D Title AVP/AS

Name NOLAN, MICHAEL J Name LOVEJOY, MADELINE GM
Address 601 RIVERSIDE AVE. Address 3210 EL CAMINO REAL STE 200

City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: IRVINE CA 92602

Title PRESIDENT

Name LOVERICH, KIMBERLY A.
Address 601 RIVERSIDE AVE

City-State-Zip: JACKSONVILLE FL 32204

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: MADELINE G. M. LOVEJOY

AVP/AS

02/14/2023