

2024 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**Officer/Director Detail :**

Title	DCEO
Name	JEWKES, ROGER S
Address	4400 MACARTHUR BLVD STE 200
City-State-Zip:	NEWPORT BEACH CA 92660

Title	CFO
Name	PARK, ANTHONY J
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP/ASST TREASURER
Name	SUPALO, MARILYN C. N.
Address	1701 VILLAGE CENTER CIRCLE
City-State-Zip:	LAS VEGAS NV 89134

Title	VP/CORP SECRETARY
Name	NEMZURA, MARJORIE
Address	10 S LASALLE ST STE 3100
City-State-Zip:	CHICAGO IL 60603

Title	D
Name	NOLAN, MICHAEL J
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	AVP/AS
Name	LOVEJOY, MADELINE G. M.
Address	3210 EL CAMINO REAL STE 200
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****02/14/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date