FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -8 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~3~~ 5+ ~~2~~ 7 ~~5~~ 6

DO NOT WRITE IN THIS SPACE

DOCUMENT # 018196 (6)

1. Corporation Name
AMERICAN TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1101 BRICKELL AVE PO BOX 01-5002 MIAMI FL 33131-104 US	280 WEKIVA SPRINGS ROAD NO. #148 LONGWOOD FL 32779 US

3. Date Incorporated or Qualified: 06/18/1936
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 280 WEKIVA SPRINGS ROAD
Suite, Apt. #, etc.
22 SUITE 148
City & State
23 LONGWOOD, FL
Zip 24 32779 Country 25

2a. Mailing Address
26 17911 VON KARMAN
Suite, Apt. #, etc.
27 SUITE 300
City & State
28 IRVINE, CA
Zip 29 92714 Country 30

4. FEI Number: 59-0482960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STAKER, KARLA J
280 WEKIVA SPRINGS ROAD
SUITE 148
LONGWOOD FL 32779

S95000900207
-03/08/95--91914--013
****200.00 ****200.00

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (signature of person appointed as registered agent and title, if applicable) (If Registered Agent signature required above) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	MAUDSLEY, RONALD R	12 NAME	SEE ATTACHED EXHIBIT A FOR ADDITIONAL DIRECTOR	
STREET ADDRESS	280 WEKIVA SPRINGS RD - STE 148	13 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP		
TITLE	VS	21 TITLE	S	☒ Change ☐ Addition
NAME	MURPHY, KATHLEEN D	22 NAME	McCABE, JOSEPH V.	
STREET ADDRESS	1101 BRICKELL AVE	23 STREET ADDRESS	17911 VON KARMAN, SUITE 300	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	IRVINE, CA 92714	
TITLE	PDC	31 TITLE		☒ Change ☐ Addition
NAME	FOLEY, WILLIAM P. II	32 NAME		
STREET ADDRESS	2100 S.E. MAIN ST - STE 400	33 STREET ADDRESS	17911 VON KARMAN, SUITE 500	
CITY ST ZIP	IRVINE CA	34 CITY ST ZIP	IRVINE, CA 92714	
TITLE	VTD	41 TITLE		☒ Change ☐ Addition
NAME	STRUNK, CARL A	42 NAME		
STREET ADDRESS	2100 S.E. MAIN ST - STE 400	43 STREET ADDRESS	17911 VON KARMAN, SUITE 500	
CITY ST ZIP	IRVINE CA	44 CITY ST ZIP	IRVINE, CA 92714	
TITLE	DV	51 TITLE	DV	☒ Change ☐ Addition
NAME	UNKEL, WILLIAM T	52 NAME	WIMER, CHARLES H.	
STREET ADDRESS	1101 BRICKELL AVE	53 STREET ADDRESS	2 PARK AVENUE, 34D FLOOR	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	NEW YORK, NY 10016	
TITLE	D	61 TITLE	DV	☒ Change ☐ Addition
NAME	STEIN, JOSEPH N	62 NAME		
STREET ADDRESS	30021 TOMAS ST S20	63 STREET ADDRESS	17911 VON KARMAN, SUITE 400	
CITY ST ZIP	RANCHO SANTA MARGARITA CA	64 CITY ST ZIP	IRVINE, CA 92714	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/3/95 (714) 622-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH V. McCABE

Date Daytime Phone #

0044687 CP

EXHIBIT A

AMERICAN TITLE INSURANCE COMPANY

DIRECTORS

WILLEY, FRANK P.
17911 VON KARMAN, SUITE 500
IRVINE, CA 92714