

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001933

FILED
Jan 11, 2007
Secretary of State

Entity Name: FIDELITY NATIONAL HOME WARRANTY COMPANY

Current Principal Place of Business:

2950 BUSKIRK AVE., SUITE 201
WALNUT CREEK, CA 94596

New Principal Place of Business:

1850 GATEWAY BLVD
SUITE 400
CONCORD, CA 94520

Current Mailing Address:

17911 VON KARMAN AVE.
STE 300
IRVINE, CA 92614

New Mailing Address:

1850 GATEWAY BLVD
SUITE 400
CONCORD, CA 94520

FEI Number: 68-0021143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: JENSEN, BILLY D
Address: 2950 BUSKIRK AVE., SUITE 201
City-St-Zip: WALNUT CREEK, CA 94596

Title: VCAS () Delete
Name: ELLIOTT-TRISTANT, CATHERINE
Address: 2950 BUSKIRK AVE., STE 201
City-St-Zip: WALNUT CREEK, CA 94596

Title: VPT () Delete
Name: FARENGA, PATRICK G
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: SVPS () Delete
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: CFO () Delete
Name: STINSON, ALAN L
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: JENSEN, BILLY D
Address: 1850 GATEWAY BLVD #400
City-St-Zip: CONCORD, CA 94520

Title: VCAS (X) Change () Addition
Name: ELLIOTT-TRISTANT, CATHERINE
Address: 1850 GATEWAY BLVD #400
City-St-Zip: CONCORD, CA 94520

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CATHERINE ELLIOT-TRISTANT

VCAS

01/11/2007

Electronic Signature of Signing Officer or Director

Date