

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005345

FILED
Apr 20, 2007
Secretary of State

Entity Name: FIDELITY NATIONAL TITLE INSURANCE COMPANY

Current Principal Place of Business:

17911 VON KARMAN AVE.
IRVINE, CA 92614

New Principal Place of Business:

Current Mailing Address:

17911 VON KARMAN AVENUE
SUITE 300
IRVINE, CA 92614

New Mailing Address:

FEI Number: 86-0417131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 (32314-6200)
200 E GAINES STREET
TALLAHASSEE, FL 32399 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: PCOO () Delete
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: FOLEY, WILLIAM P II
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: CFO () Delete
Name: PARK, ANTHONY J
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VT () 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: VAS () Delete
Name: NEMZURA, MARJORIE
Address: 171 N. CLARK STREET
City-St-Zip: CHICAGO, IL 60601 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SVPT (X) Change () Addition
Name: FARENGA, PATRICK G
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

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: MADELINE BAREWALD

AVP

04/20/2007

Electronic Signature of Signing Officer or Director

Date