

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005345

FILED
Apr 07, 2011
Secretary of State

Entity Name: FIDELITY NATIONAL TITLE INSURANCE COMPANY

Current Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2510 N. REDHILL AVE.
C/O MADELINE BAREWALD
SANTA ANA, CA 92705

New Mailing Address:

2510 N. REDHILL AVE.
C/O MADELINE G. M. LOVEJOY
SANTA ANA, CA 92705

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

OFFICERS AND DIRECTORS:

Title: PCOO
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: STINSON, ALAN L
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: SVPT
Name: MURPHY, DANIEL K
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: EVPS
Name: GRAVELLE, MICHAEL L
Address: 601 RIVERSIDE AVE
City-St-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: MICHAEL L. GRAVELLE

EVPS

04/07/2011

Electronic Signature of Signing Officer or Director

Date