

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 14, 2012
Secretary of State

Entity Name: FIDELITY NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Principal Place of Business:

5385 HOLLISTER AVE
SANTA BARBARA, CA 93111

Current Mailing Address:

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

New Mailing Address:

FEI Number: 68-0266416 **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: D
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: PCEO
Name: DAVEY, MARK O
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

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

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

03/14/2012

Electronic Signature of Signing Officer or Director

Date