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TRANSMITTAL LETTER

	ration Section on of Corporations		
SUBJECT:	First American Title Insura	nce Company of Texas	
SCHOLCI.		poration - must include suffix)	
Dear Sir or Ma	dam:	=	重型
"Certificate of		on for Authorization to Transact Butted to register the above referenced	
Please return a	Il correspondence concerning this	matter to the following:	
Kurtis M. E	Ebbing	<u></u>	<u> </u>
-	(N)	ame of Person)	· · · · · · · · · · · · · · · · · · ·
The First A	American Corporation	- -	. , ,
1 First Am	(Fi erican Way	rm/Company)	O2 N
	Telesco	(Address)	S S
Santa Ana	, California 92707		SER 2 F
	(City.	State and Zip code)	SIATE STATE
For further info	ormation concerning this matter, p	dease call:	4
Kurtis M. E	bbing at (at	714 800-3924	
(Name	e of Person)	(Area Code & Daytime Telephone)	Number)
STREET ADI Registration Se Division of Co 409 E. Gaines Tallahassee, FI	ection rporations St.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a c	heck for the following amount:		
□ \$70.00 Filin	g Fee S78.75 Filing Fee & Certificate of Statu		\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	First Amei	ncan Title Insurance Company	OT I	exas	>	*	•
	words or abbrev	ration; must include the word "INCORI riations of like import in language as wi or partnership if not so contained in the	ll clea	ly indicate that it is			
2.	Texas		3	74-0891060)		五千五
	(State or country	under the law of which it is incorporat	ed)	ŢĹ	El number, if appl	icable)	- 0
4.	August 2	28, 1928	. 5	Perpetua	<u> </u>	17	1 1
	(Dat	e of incorporation)		(Duration: Year	corp. will cease to	exist or "perper	则以
6.	Upon Qua	alification		·	.		
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)							
7.	1500 Sou	uth Dairy Ashford, Suite 300	Ho	uston, Texas 7	7077		
	,	(Principal of	fice ad	dress)			
	1500 Sot	ıth Dairy Ashford, Suite 300	Ho	uston, Texas 7	7077		, temes
	-	(Current mai	ling ac	dress)			
8.	Title Insure		<u>-</u>			: . <u>.</u>	
	(Purpose((s) of corporation authorized in home st	ate or	country to be carried	l out in state of Flo	orida)	
9.	Name and str	reet address of Florida registered	agent	: (P.O. Box or M	ail Drop Box <u>NC</u>	Tacceptable)	
	Name:	Corporation Service Compa	any		.	<u>.</u>	•
o	ffice Address;	1201 Hays Street		- آئ ي: ، ، <u>-جمعر پد.</u>		<u>.</u>	
		Tallahassee		, Florida	32301		
		(City)			(Zip code)		
H de fu	aving been nar esignated in thi orther agree to	ngent's acceptance: ned as registered agent and to acce is application, I hereby accept the a comply with the provisions of all si familiar with and accept the oblice	- ppoin atutes	tment as register relative to the pr	ed agent and agr coper and comple	ree to act in this ete performance	capacity. I

(Registered agent's signature)

a certificate of existence duly authenticated, not more than 90 days prior to delivery of this agent

Cynthia L. Harris

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRE	CTORS	• =	
Chairman:	Gary L. Kermott		
Address: _	1 First American Way		200
	Santa Ana, CA 92707		聖 五十
Vice Chair	man: DIRECTOR: Tommy E. Blackwell		5 2 2
	1500 South Dairy Ashford, Suite 300		THE TO
	Houston, Texas 77077	and the second s	STA VE
Director:	Charles E. Odom		7
Address:	1500 South Dairy Ashford, Suite 300		
	Houston, Texas 77077		
Director:	Jack M. Waldhelm		
Address:	1500 South Dairy Ashford, Suite 300	<u>=</u>	
	Houston, Texas 77077		
B. OFFI	CERS		
President:	Tommy E. Blackwell		
_Address: _	1500 South Dairy Ashford, Suite 300		
	Houston, Texas 77077	-	
Vice Presid	dent:		
= Address: _			
Secretary:	Charles E. Odom		
Address:	1500 South Dairy Ashford, Suite 300	Houston, Texas 77077	
Treasurer:	Jack M. Waldhelm		
Address:	1500 South Dairy Ashford, Suite 300	Houston, Texas 77077	
_rxuurcas			
NOTE: 1	If necessary, you may attach an addendum to the a	application listing additional officers	and/or directors.
13	Song L. Lowest		· · · · · · · · · · · · · · · · · · ·
 G	(Signature of Chairman, Vice Chairman, or ary L. Kermott, Chairman of the Board	r any officer listed in number 12 of th	e application)
14.	(Typed or printed name and capaci	ty of person signing application)	<u> </u>



Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C 333 Guadalupe -P. O. Box 149104, Austin, Texas 78714-9104

October 18, 2002

Mr. Kurtis M. Ebbing
The First American Corporation
1 First American Way
Santa Ana, California 92707



Re: Request Concerning FIRST AMERICAN TITLE INSURANCE

COMPANY OF TEXAS

Certificate of Authority/Letter of Goodstanding

Dear Mr. Ebbing:

This office is in receipt of your letter requesting the above referenced.

I have enclosed the requested information. It is our goal to provide prompt and courteous service to our customers, of which you are one. If you have questions or if I may be of further assistance, please do not hesitate to contact me at 512-322-4214.

Sincerely,

Barbara Strahan

Insurance Specialist

Company Licensing & Registration - MC 305-2C

Enclosure



Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C 333 Guadalupe -P. O. Box 149104, Austin, Texas 78714-9104

October 18, 2002

Mr. Kurtis M. Ebbing
The First American Corporation
1 First American Way
Santa Ana, California 92707



RE: FIRST AMERICAN TITLE INSURANCE COMPANY OF TEXAS Houston, Texas

Dear Mr. Ebbing:

Please be advised that the captioned company is currently licensed by Certificate of Authority No. 7230, dated September 17, 1982 to transact the business of insurance in the State of Texas. As of this date, said Certificate has not been canceled, suspended or revoked.

If we can be of further assistance, please feel free to call at 512/322-4370.

Sincerely,

Barbara Strahan

Insurance Specialist

Company Licensing & Registration - MC 305-2C

Enclosure



Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C 333 Guadalupe 4P. O. Box 149104, Austin, Texas 78714-9104

STATE OF TEXAS

§ 8

COUNTY OF TRAVIS

8

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance delegated to the undersigned the authority to certify the authoritive documents filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for FIRST AMERICAN TITLE INSURANCE COMPANY OF TEXAS, Houston, Texas, No. 7230 dated September 17, 1982, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 18th day of October 2002.

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

Jeff Hunt, Admissions Officer

Company Licensing & Registration Division

Order No. 01-0692

STATE OF TEXAS STATE BOARD OF INSURANCE

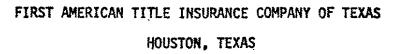
Certificate Nº 7230



Company No. 18-73850

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT





has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Title, Abstracts and Trust

insurance within the State of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my

hand and seal of office at Austin, Texas, this

17th day of September, A. D. 1982

COMMISSIONER OF INSURANCE