FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # P11891 (9)

95 MAR 10 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2390 E CAMELBACK RD STE 315 PHOENIX AZ 85016	2390 E CAMELBACK RD STE 315 PHOENIX AZ 85016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 86-0417131	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 17911 VON KARMAN	26 17911 VON KARMAN
Suite, Apt. #, etc. 22 SUITE 300	Suite, Apt. #, etc. 27 SUITE 300
City & State 23 IRVINE, CA	City & State 28 IRVINE, CA
Zip / Country 24 92714 / 25	Zip / Country 29 92714 / 30

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	☒ Change ☐ Addition
NAME	FOLEY, WILLIAM P. II	1.2 NAME	
STREET ADDRESS	2100 S.E. MAIN ST. #400	1.3 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	WILLEY, FRANK P.	2.2 NAME	
STREET ADDRESS	2100 S.E. MAIN ST. #400	2.3 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, CYNTHIA J.	3.2 NAME	
STREET ADDRESS	2390 E CAMELBACK #315	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	☒ Change ☐ Addition
NAME	STRUNK, CARL A.	4.2 NAME	
STREET ADDRESS	2100 S.E. MAIN ST. #400	4.3 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	QUIRK, RAYMOND R.	5.2 NAME	
STREET ADDRESS	2100 SE MAIN STREET, $400	5.3 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	CALINDA, LAURENCE E.	6.2 NAME	
STREET ADDRESS	2100 SE MAIN STREET, #400	6.3 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA	6.4 CITY-ST-ZIP	IRVINE, CA 92714

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/3/95 (714) 622-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CARL A. STRUNK

0478408 FP