

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27516

Entity Name: FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**4 FIRST AMERICAN WAY
SANTA ANA, CA 92707**Current Mailing Address:**4 FIRST AMERICAN WAY
SANTA ANA, CA 92707 US**FEI Number:** 94-2545863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:** SHEILA HELEMS

03/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CORNEHL, LISA
Address 1 FIRST AMERICAN WAY
City-State-Zip: SANTA ANA CA 92707

Title VP
Name CARTER, CINTHIA
Address 1 FIRST AMERICAN WAY
City-State-Zip: SANTA ANA CA 92707

Title VP, CFO, TREASURER
Name WAJNER, MATTHEW F
Address 1 FIRST AMERICAN WAY
City-State-Zip: SANTA ANA CA 92707

Title VP
Name ROGERS, JAMES H.
Address 1 FIRST AMERICAN WAY
City-State-Zip: SANTA ANA CA 92707

Title PRESIDENT
Name MACHADO, RAMON
Address 1 FIRST AMERICAN WAY
City-State-Zip: SANTA ANA CA 92707

Title VP, SECRETARY, DIRECTOR
Name AULBERT, WILLIAM J
Address 1 FIRST AMERICAN WAY
City-State-Zip: SANTA ANA CA 92707

Title DIRECTOR
Name SEATON, MARK
Address 1 FIRST AMERICAN WAY
City-State-Zip: SANTA ANA CA 92707

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: WILLIAM AULBERT**SECRETARY**

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date