

1.) CORPORATION NAME:

**FIRST AMERICAN TITLE INSURANCE COMPANY**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER - 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F0270167**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 FIRST AMERICAN WAY

CITY/ST/ZIP: SANTA ANA, CA 92707

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DENNIS J. GILMORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1 FIRST AMERICAN WAY		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	CHRISTOPHER M. LEAVELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP, COO		
ADDRESS:	1 FIRST AMERICAN WAY		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	JEFFREY S. ROBINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 FIRST AMERICAN WAY		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	TIMOTHY V. KEMP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP, Secretary		
ADDRESS:	1 FIRST AMERICAN WAY		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	MAX O. VALDES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1 FIRST AMERICAN WAY		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	MARK E. SEATON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 FIRST AMERICAN WAY		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		

NAME: Patrick G. Farenga TITLE: SVP, Treasurer ADDRESS: 1 First American Way CITY/ST/ZIP/CO: Santa Ana, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TIMOTHY V. KEMP	TIMOTHY V. KEMP, SVP, Secretary	10/3/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.