

No. C 203350		Due no later than Sep 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. NORTH AMERICAN TITLE INSURANCE COMPANY LORA L OSTERLOH 1855 GATEWAY BLVD STE 600 600 CONCORD CA 94520 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	DONNIS L BENSON	760 NW 107 AVENUE SUITE 400	MIAMI	FL	USA	33172
DIRECTOR	CLOTILDE C KELLER	760 NW 107 AVENUE SUITE 400	MIAMI	FL	USA	33172
DIRECTOR	THOMAS J FISCHER	760 NW 107 AVE SUITE 400	MIAMI	FL	USA	33172
PRESIDENT	EMILIO FERNANDEZ	760 NW 107 AVENUE SUITE 400	MIAMI	FL		33172
SECRETARY	JEFFERSON E HOWETH	760 NW 107TH AVE SUITE 400	MIAMI	FL		33172
5. Organized Under the Laws of: CA C 203350		6. Annual Report must be signed.* Signature: Lora L Osterloh Name (type or print): Lora L Osterloh Date: 08/03/2015 Title: Asst. V.P.				
Processed 08/03/2015		* Electronically provided signatures are accepted as original signatures.				