

No. <b>C 203350</b>		<b>Due no later than Sep 30, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> NORTH AMERICAN TITLE INSURANCE COMPANY LORA L OSTERLOH 1855 GATEWAY BLVD STE 600 600 CONCORD CA 94520		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
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
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
DIRECTOR	EMILIO FERNANDEZ	760 NW 107 AVENUE SUITE 400	MIAMI	FL	USA	33172
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>CA</b> <b>C 203350</b>		Signature: Lora L. Osterloh		Date: 08/02/2017		
		Name (type or print): Lora L. Osterloh		Title: Asst. V.P.		
Processed 08/02/2017		* Electronically provided signatures are accepted as original signatures.				