No. <b>C 153286</b>		Due no later than Feb 28, 2007 Annual Report Form		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:				CT CORPORAT	CT CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  FIDELITY NATIONAL INSURANCE SERVICES, INC. C/O MADELINE BAREWALD 17911 VON KARMAN AVE STE 300 IRVINE CA 92614		300 N 6TH ST BOISE ID 83	300 N 6TH ST BOISE ID 83702			
				3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of	F President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT MARK O DA		VEY	601 RIVERSIDE AVE.	JACKSONVILLE	FL	USA	32204	
SECRETARY			601 RIVERSIDE AVE.	JACKSONVILLE	FL	USA	32204	
DIRECTOR	RAYMOND R	QUIRK	601 RIVERSIDE AVE.	JACKSONVILLE	FL	USA	32204	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
CALIFORNIA C 153286		Signature: MADELINE BAREWALD		Date: 12	Date: 12/22/2006			
		Name (type	Title: A	Title: Assistant Vice President				
Processed 12/22/2006 * Electronically provided signatures are accepted as original signatures.								