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|------------|--------------|----------------------------------|--------|-------|---------|------|------|
| 10/19/2005 | 200529102544 | FOREIGN LICENSE/FOR-PROFIT (FLF) | 125.00 | .00   | .00     | .00  | .00  |

**Receipt**

This is not a bill. Please do not remit payment.

FIRST AMERICAN TITLE INSURANCE CO  
1 FIRST AMERICAN WAY  
SANTA ANA, CA 92707

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, J. Kenneth Blackwell****1575853**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**FIRST AMERICAN TITLE INSURANCE COMPANY**

and, that said business records show the filing and recording of:

Document(s)

**FOREIGN LICENSE/FOR-PROFIT**

Document No(s):

**200529102544**

Authorization to transact business in Ohio is hereby given, until surrender, expiration or  
cancellation of this license.



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 14th day of October, A.D.  
2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

[www.state.oh.us/sos](http://www.state.oh.us/sos)

e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

**Expedite this Form: (Select One)**

**Mail Form to one of the Following:**

☐ Yes

PO Box 1390

Columbus, OH 43216

\*\*\* Requires an additional fee of \$100 \*\*\*

☒ No

PO Box 670

Columbus, OH 43216

## FOREIGN CORPORATION APPLICATION FOR LICENSE OR REGISTRATION OF CORPORATION NAME

(For Foreign Profit or Non-Profit)

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

|                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>(1) Foreign Corporation</b></p> <p><input checked="" type="checkbox"/> For Profit (151-FLP) <span style="float: right;">ORC 1703</span></p> <p><input type="checkbox"/> Non-Profit (152-FLN)</p> <p><b>Filing Fee \$125.00</b></p> | <p><b>(2) Registration of Corporate Name by Unlicensed Foreign Corporation</b></p> <p><input type="checkbox"/> Original (158-RCO)</p> <p><input type="checkbox"/> Renewal (172-RNR (RCR)) <span style="float: right;">ORC 1703</span></p> <p><b>Filing Fee \$50.00</b></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Complete the general information in this section for the box checked above.**

|                                                                                                                                                                                  |                              |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------|
| Corporate Name <u>First American Title Insurance Company</u>                                                                                                                     |                              |                            |
| Under the Laws of the State of <u>California</u><br>(Home State)                                                                                                                 |                              |                            |
| Date of Incorporation in Home State <u>09/24/1968</u><br>(Date)                                                                                                                  |                              |                            |
| The corporation's principal office is located at                                                                                                                                 |                              |                            |
| <u>1 First American Way</u><br>(Street) <b>NOTE: P.O. Box Addresses are NOT acceptable.</b>                                                                                      |                              |                            |
| <u>Santa Ana</u><br>(City)                                                                                                                                                       | <u>California</u><br>(State) | <u>92707</u><br>(Zip Code) |
| The corporate purpose it proposes to exercise in the state of Ohio are as follows: (Please provide a brief but specific description; a general purpose clause is not sufficient) |                              |                            |
| <u>To carry on the business of a title insurance company</u>                                                                                                                     |                              |                            |
| <u>under the provisions of the insurance code.</u>                                                                                                                               |                              |                            |
| The corporation is carrying on or doing business.                                                                                                                                |                              |                            |
| <input type="checkbox"/> Check here if additional provisions are attached                                                                                                        |                              |                            |

**Complete the information in this section if box (1) is checked.**

The corporation hereby appoints the following as its statutory agent upon whom process against the corporation may be served in Ohio

Corporation Service Company - Lawyers Incorporation Service

(Name)

50 W. Broad Street, #1800

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Columbus

(City)

Ohio

(State)

43215

(Zip Code)

The entity above irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or
- B. the above listed fails to designate another agent when required to do so, or
- C. the above stated registration to do business in Ohio expires or is cancelled.

**Complete the information in this section if profit is checked in box (1).**

The application is made to secure a ☒ permanent ☐ temporary license

The corporation's principal office within Ohio is to be located in

☐ Corporation will not have an office in Ohio

Eaton Center Building, 1111 Superior Avenue, Suite 700

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

(City)

Cuyahoga

(County)

Ohio

(State)

44114

(Zip Code)

Has the corporation obtained a license to transact business in Ohio at any time in the past? ☒ Yes ☐ No

If yes, prior License No. 50814

issued

04/01/2005

(Date)

The date on which the corporation began transacting business in Ohio

☒ Date March 31, 1986

OR

☐ Will begin business upon approval of application

Is this application being made to enable the corporation to prosecute or defend a legal action?

☐ Yes ☒ No

**Complete the information in this section if non-profit is checked in box (1).**

The location of its principal office in the state of Ohio is

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

Ohio

(State)

(Zip Code)

(Pursuant to ORC 1703.27 must have an Ohio address)

SS.

IN WITNESS WHEREOF, the corporation has caused this application to be executed by an authorized

officer on August 29, 2005  
(Date)STATE OF CaliforniaCOUNTY OF OrangeKathleen M. Collins, being first duly sworn, deposes and says that he/she is the  
(Name of Officer)V.P., Associate Corporate Counsel of First American Title Insurance Company  
(title)

the corporation described in the foregoing application, and that the statements contained in said application are true and correct to the best of my knowledge and belief.

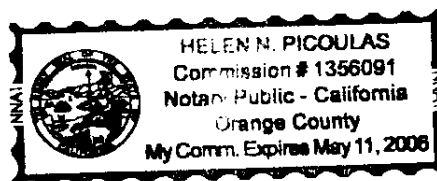
Signature: Kathleen M. CollinsName: Kathleen M. Collins

Sworn to before me and subscribed in my presence,

(date)

(Notary Public)

NOTARY SEAL

Expiration date of Notary's Commission: May 11, 2006  
(date)State of California )  
 )ss.  
County of Orange )Subscribed and sworn to (or affirmed) before me on this 29<sup>th</sup> day of HP August 2005,  
by Kathleen M. Collins, personally known to me or proved to me on the basis of satisfactory  
evidence to be the person(s) who appeared before me.Helen N. Picoulas

**State of California**  
Secretary of State

**CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **24TH day of SEPTEMBER, 1968, FIRST AMERICAN TITLE INSURANCE COMPANY** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of August 9, 2005.



BRUCE McPHERSON  
Secretary of State

Effective Date: March 31, 1986

Expiration Date: April 1, 2006

**State of Ohio**  
**Department of Insurance**

*Certificate of Authority*

This is to Certify, that

**FIRST AMERICAN TITLE INSURANCE  
COMPANY**

**NAIC No. 50814**

is authorized in Ohio to transact the business of insurance as defined in the following section(s) of the Ohio Revised Code:

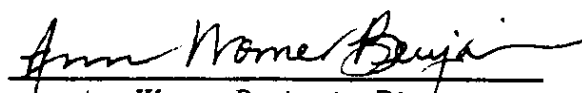
Section 3953

Title

This Certificate of Authority is subject to the laws of the State of Ohio.



**Bob Taft, Governor**

  
Ann Womer Benjamin, Director



*Taxpayer Services Division*  
*P.O. Box 182382*  
*Columbus, Ohio 43218-2382*  
*[www.state.oh.us/tax/](http://www.state.oh.us/tax/)*

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August 19, 2005  
FIRST AMERICAN TITLE INSURANCE CO.  
Helen Pichoulas  
1 First American Way  
Santa Ana, CA 92707

RE: REQUEST FOR FRANCHISE TAX STATUS D1  
FIRST AMERICAN TITLE INSURANCE CO.

Dear Taxpayer,

We have received your request for a Certificate of Franchise Tax Status. Our records indicate that this entity is not subject to the Ohio Corporate Franchise tax, pursuant to sections 5733.09 and 5733.10, or we cannot make a determination with the information we have received, therefore the certificate cannot be issued.

If this entity is a Limited Liability Corporation and is treated as a corporation for federal income tax purposes, it also will be treated as corporation for franchise tax purposes. If our determination has been made in error and the corporation is subject to the Ohio Franchise Tax, please contact our department at the number below.

Sincerely,

Corporate Dissolution/Reinstate Unit  
Taxpayer Services Division  
Phone (888) 405-4039 or (614) 995-4422  
Fax (614) 387-1851