UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# **SCHEDULE 13G**

(Amendment No. 1)

Under the Securities Exchange Act of 1934\*

# Paysafe Ltd.

(Name of Issuer)

### Common Stock, \$0.0001 par value per share (Title of Class of Securities)

#### G6964L107 (CUSIP Number)

# December 31, 2022 (Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

[] Rule 13d-1(b) [x] Rule 13d-1(c) [] Rule 13d-1(d)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

13G

	NAME OF REPORTING PERSON					
1	Fidelity National Financial, Inc.					
I	1					
	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*					
	(a) x					
2	(b)					
2						
3	SEC USE ONLY					
4		HP OR H	PLACE OF ORGANIZATION			
4	Delaware					
			SOLE VOTING POWER			
		5				
		5	0 (1) (See Item 4)			
	MBER OF HARES		SHARED VOTING POWER			
	EFICIALLY	-				
	NED BY	6	3,750,000 (1) (See Item 4)			
	EACH					
	PORTING ERSON		SOLE DISPOSITIVE POWER			
	WITH:	7	0 (1) (See Item 4)			
			SHARED DISPOSITIVE POWER			
		8	3,750,000 (1) (See Item 4)			
	AGGREGA	TE AMO	DUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
9	3,750,000	(1) (See	Item 4)			
	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*					
10						
10	N/A					
	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9					
11						
11	6.19% (1) (See Item 4)					
	TYPE OF R	EPORT	ING PERSON*			
10						
12	НС					

<u>CUSIP No. G6964L107</u> 13G				
	NAME OF R	EPORT	ING PERSON	
	Chicago Title Insurance Comment			
1	Chicago Title Insurance Company			
	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*			
	(a) x			
2	(b)			
2				
5	SEC USE ONLY CITIZENSHIP OR PLACE OF ORGANIZATION			
1				
4	Florida	1	SOLE VOTING POWER	
		_		
NU	MBER OF	5	0 (1) (See Item 4)	
S	HARES		SHARED VOTING POWER	
	EFICIALLY VNED BY	6	1,251,725 (1) (See Item 4)	
RE	EACH PORTING			
Р	ERSON WITH:	7	SOLE DISPOSITIVE POWER 0 (1) (See Item 4)	
			SHARED DISPOSITIVE POWER	
		8	1,251,725 (1) (See Item 4)	
	AGGREGAT	Έ AMO	UNT BENEFICIALLY OWNED BY EACH REPORTING PERSON	
9	1,251,725 (	1) (See	Item 4)	
-			E AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*	
10	N/A			
	N/A PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9			
11	2.07% (1) (	See Iter	n 4)	
			NG PERSON*	
12				
	IC			

13G

	NAME OF 5	EDODI	INC DEDSON		
	NAME OF REPORTING PERSON				
	Fidelity National Title Insurance Company				
1					
	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*				
	(a) x				
2	(b)				
3	SEC USE ONLY				
4	CITIZENSHIP OR PLACE OF ORGANIZATION				
-	Florida				
			SOLE VOTING POWER		
		5	0 (1) (See Item 4)		
NUN	MBER OF		SHARED VOTING POWER		
	HARES EFICIALLY		SHARED VOTING FOWER		
	NED BY	6	1,431,608 (1) (See Item 4)		
	EACH				
	PORTING ERSON	_	SOLE DISPOSITIVE POWER		
	WITH:	7	0(1) (See Item 4)		
			SHARED DISPOSITIVE POWER		
		8			
	T	-	1,431,608 (1) (See Item 4)		
	AGGREGAT	TE AMO	DUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
9	1,431,608 (	1) (See	Item 4)		
			IE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*		
10					
10	N/A				
	PERCENT C	OF CLA	SS REPRESENTED BY AMOUNT IN ROW 9		
11	2.36% (1) (	See Ite	m ()		
			m 4) NG PERSON*		
	TIEOFK				
12	IC				
·	- L				

13G

-						
	NAME OF I	NAME OF REPORTING PERSON				
	Commonwealth Land Title Insurance Commony					
1	Commonwealth Land Title Insurance Company					
-	CHECK TH	E ADDD	ODDIATE BOY IE A MEMBED OF A GROUD*			
	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x					
2						
3	SEC USE ONLY					
1		HP OR I	PLACE OF ORGANIZATION			
4	Florida					
			SOLE VOTING POWER			
	NUMBER OF		0 (1) (See Item 4)			
NI						
5	SHARES		SHARED VOTING POWER			
	EFICIALLY WNED BY	6	650,000 (1) (See Item 4)			
	EACH					
	PORTING PERSON		SOLE DISPOSITIVE POWER			
	WITH:	7	0 (1) (See Item 4)			
			SHARED DISPOSITIVE POWER			
		0				
		8	650,000 (1) (See Item 4)			
	AGGREGA	TE AM	OUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
9	650 000 (1	) (See I	tem A			
-	650,000 (1) (See Item 4) CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*					
	CHIECK DU	2X II: 11	IE ROOKLOATE AMOUNT IN KOW () LACEOPES CERTAIN SHARES			
10	N/A					
	PERCENT (	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
11	1.070/ (1)	(C I' :				
	1.07% (1)					
	TYPE OF REPORTING PERSON*					
12	IC					
1	-					

13G

		DEDOD				
	NAME OF REPORTING PERSON					
1	Fidelity & Guaranty Life Insurance Company					
1						
	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*					
(a) x						
<b>2</b> (b)						
3	SEC USE ONLY					
4	CITIZENSHIP OR PLACE OF ORGANIZATION					
-	Iowa		SOLE VOTING POWER			
			SOLE VOTING POWER			
			$0(1)(S_{2,2}, I_{2,2}, 4)$			
NU	MBER OF	5	0 (1) (See Item 4)			
	SHARES		SHARED VOTING POWER			
BEN	EFICIALLY	6				
	WNED BY	U	416,667 (1) (See Item 4)			
	EACH PORTING					
	PORTING	_	SOLE DISPOSITIVE POWER			
	WITH:	7	0 (1) (See Item 4)			
			SHARED DISPOSITIVE POWER			
		8	416,667 (1) (See Item 4)			
	AGGREGA	TE AM	OUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
•						
9	416,667 (1) (See Item 4)					
	CHECK BO	X IF TH	HE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*			
10						
10	N/A	an ar :				
	PERCENT (	OF CLA	SS REPRESENTED BY AMOUNT IN ROW 9			
11	0.69% (1) (See Item 4)					
		````	ING PERSON*			
10						
12	IC					
L	i					

13G

#### Item 1(a). Name of Issuer

Paysafe Ltd. ("Issuer").

### Item 1(b). Address of Issuer's Principal Executive Offices

Victoria Place 31 Victoria Street Hamilton H10, Bermuda

## Item 2(a). Name of Person Filing

This statement is being filed on behalf of:

(i) Fidelity National Financial, Inc. ("FNF")

(ii) Commonwealth Land Title Insurance Company ("CLTIC")

(iii) Fidelity National Title Insurance Company ("FNTIC"); and

(iiii) Chicago Title Insurance Company ("CTIC")

(iv) Fidelity & Guaranty Life Insurance Company ("FGLIC")

## Item 2(b). Address of Principal Business Office or, if None, Residence

The principal business office of FNF, CLTIC, FNTIC, and CTIC is: 601 Riverside Ave Jacksonville, Florida 32204

The principal business office of FGLIC is: 801 Grand Ave., Suite 2600 Des Moines, Iowa 50309

#### Item 2(c). Citizenship

FNF is a Delaware corporation. CLTIC, FNTIC, and CTIC are Florida corporations. FGLIC is an Iowa corporation.

### Item 2(d). Title of Class of Securities

Common Stock, \$0.0001 par value per share, of the Issuer ("Common Stock").

# Item 2(e). CUSIP Number

G6964L107

# 7

## Item 3. Not applicable.

### Item 4. Ownership

(a)-(c) The responses of the Reporting Persons to Rows 5, 6, 7, 8, 9 and 11 in each of their respective cover pages which relate to the beneficial ownership of the Common Stock of the Issuer, as of December 31, 2021, are incorporated herein by reference. As of December 31, 2022, FNF indirectly beneficially owned an aggregate of 3,750,000 shares of Common Stock (which includes all of the shares of Common Stock owned by CLTIC, FNTIC, CTIC, and FGLIC, wholly-owned subsidiaries by FNF), representing approximately 6.19% of the shares of Common Stock outstanding (based on 727,190,821 Common Shares outstanding as of September 30, 2022, as set forth in the Issuer's Form 6-K filed pursuant to Rule 13a-16 or 15d-16 on November 17, 2022, which was further adjusted to 60,599,235 Common Shares outstanding as of September 30, 2022 by the Reporting Persons to reflect the Issuer's reverse stock split announced on December 12, 2022).

### Item 5. Ownership of Five Percent or Less of a Class

Not applicable.

#### Item 6. Ownership of More than Five Percent on Behalf of Another Person

The responses of the Reporting Persons to Items 2(a) and 4 are incorporated herein by reference.

### Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on by the Parent Holding Company

## Not applicable.

## Item 8. Identification and Classification of Members of the Group

Not applicable.

Item 9. Notice of Dissolution of Group

Not applicable.

Item 10. Certification

Not applicable.

8

# SIGNATURES

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated: February 13, 2023

### FIDELITY NATIONAL FINANCIAL, INC.

 By:
 /s/ Michael L. Gravelle

 Name:
 Michael L. Gravelle

 Title:
 Executive Vice President, General Counsel and Corporate Secretary

# 9