FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

				,								
1. Name and A Bone Wil	ddress of Repor	rting Person [*]	2. Date of Event Requiring Staten (Month/Day/Year 10/25/2005	nent	3. Issuer Name and Ticker or Trading Symbol Fidelity National Title Group, Inc. [FNT]							
(Last) (First) (Middle) 300 EAGLE DANCE CIRCLE					Relationship of Reporting Person(s) to Issuel (Check all applicable) X Director 10% Owner							
(Street) PALM DESERT	ALM CA 92211				Officer (give title below)		Other (specify below)					
(City)	(State)	(Zip)										
			Table I - Non	-Derivati	ive Sec	urities Beneficiall	y Owned					
1. Title of Security (Instr. 4)						of Securities y Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Stock						0	D					
						ities Beneficially tions, convertible		s)				
1. Title of Deri	vative Security	2. Date Exerc Expiration Day/ (Month/Day/	ate	d 3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conv		rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price o Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

<u>William G. Bone</u> <u>10/28/2005</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.