


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P08523 1. Entity Name OLD REPUBLIC FINANCIAL ACCEPTANCE CORPORATION	
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Principal Place of Business 307 N. MICHIGAN AVENUE CHICAGO, IL 60601	Mailing Address 307 N. MICHIGAN AVENUE CHICAGO, IL 60601
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**DO NOT WRITE IN THIS SPACE**



08152005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3345721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MILAZZO, LEONARD 307 N. MICHIGAN AVENUE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT BRAUER, CARL H 307 N. MICHIGAN AVENUE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCOTT, ANDREA 307 N. MICHIGAN AVENUE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILAZZO, LEONARD S 307 N. MICHIGAN AVENUE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS COMSTOCK, JOALLYN 307 N. MICHIGAN AVENUE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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100000377002  
08/25/05-80001-006 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  Andrea Scott August 17, 2005 312-762 4793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #