



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P08523	
1. Entity Name OLD REPUBLIC FINANCIAL ACCEPTANCE CORPORATION	

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



04162007 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

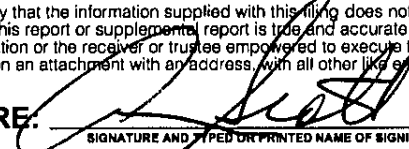
10. OFFICERS AND DIRECTORS

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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 05/03/07-80010-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **4/24/2007** DAYTIME PHONE #: **312-762-4793**