

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005099

Entity Name: OLD REPUBLIC DIVERSIFIED SERVICES, INC.**Current Principal Place of Business:**11055 WAYZATA BLVD
SUITE 250
MINNETONKA, MN 55305**Current Mailing Address:**11055 WAYZATA BLVD
SUITE 250
MINNETONKA, MN 55305 US**FEI Number:** 41-1314351**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAYTON, ELAINE L
1408 NORTH WESTSHORE BLVD - STE. 900
TAMPA, FL 33607 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP, SECRETARY, DIRECTOR
Name	WOLD, DANIEL M
Address	11055 WAYZATA BLVD SUITE 250
City-State-Zip:	MINNETONKA MN 55305

Title	SENIOR VICE PRESIDENT - FINANCE
Name	TARPEY, MICHAEL T
Address	11055 WAYZATA BLVD SUITE 250
City-State-Zip:	MINNETONKA MN 55305

Title	DIRECTOR, PRESIDENT
Name	ROSSI, WILLIAM
Address	FOSTER PLAZA VI, 681 ANDERSON DRIVE, 6TH FLOOR
City-State-Zip:	PITTSBURGH PA 15220

Title	VP, TREASURER
Name	CORBETT, BEN
Address	11055 WAYZATA BLVD SUITE 250
City-State-Zip:	MINNETONKA MN 55305

Title	DIRECTOR
Name	KILLEN, CARLA
Address	FOSTER PLAZA VI, 681 ANDERSEN DR 6TH FLOOR
City-State-Zip:	PITTSBURGH PA 15220

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL T. TARPEYSENIOR VICE PRESIDENT 02/16/2024
- FINANCE_____
Electronic Signature of Signing Officer/Director Detail_____
Date