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95 MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 805448 (8)

1. Corporation Name

OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
TITLE INSURANCE BLDG 400 SECOND AVE S. MINNEAPOLIS 1 MINNESOTA 55401	TITLE INSURANCE BLDG 400 SECOND AVE S. MINNEAPOLIS 1 MINNESOTA 55401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1941
3a. Date of Last Report: 05/01/1994
4. FEI Number: 41-0579050 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address
21 / 26
Suite, Apt. #, etc.
22 / 27
City & State
23 / 28
Zip / Country
24 / 25 / 29 / 30

9. Name and Address of Current Registered Agent

PIERCE, L. SCOTT
% OLD REPUBLIC NATIONAL TITLE INSURANCE CO
4350 WEST CYPRESS STREET, #550
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	12. Officers and Directors	13. Additions/Changes
TITLE	PD	☐ Change ☐ Addition
NAME	CECCHETTINI, R.A.	
STREET ADDRESS	400 SECOND AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	☐ Change ☐ Addition
NAME	BJELLA, A.R.	
STREET ADDRESS	400 SECOND AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	☐ Change ☐ Addition
NAME	ZUCARO, A C	
STREET ADDRESS	400 SECOND AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VT	☐ Change ☐ Addition
NAME	CLEAVELAND, J B	
STREET ADDRESS	400 SECOND AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	SV	☐ Change ☐ Addition
NAME	GREGORY, C.G.	
STREET ADDRESS	400 SECOND AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	EVS	☐ Change ☐ Addition
NAME	PILSKALN, JR. H.	
STREET ADDRESS	400 SECOND AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.B. Cleaveland 4-28-95 371-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0407337 FP