FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: **12/29/1941**
3a. Date of Last Report: **05/01/1995**

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

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

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: _____ DATE _____
Signature, typed or printed name of registered agent or authorized agent (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CECCHETTINI, R.A.		1.2 NAME		
STREET ADDRESS	400 SECOND AVE S		1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BJELLA, A.R.		2.2 NAME		
STREET ADDRESS	400 SECOND AVE S		2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZUCARO, A C		3.2 NAME		
STREET ADDRESS	400 SECOND AVE S		3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		3.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLEAVELAND, J B		4.2 NAME		
STREET ADDRESS	400 SECOND AVE S		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, C.G.		5.2 NAME		
STREET ADDRESS	400 SECOND AVE. S.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		5.4 CITY-ST-ZIP		
TITLE	EVS	☐ DELETE	6.1 TITLE	EVS	☑ Change ☐ Addition
NAME	PILSKALN, JR. H.		6.2 NAME	Pilskaln, Jr. H.	
STREET ADDRESS	400 SECOND AVE S		6.3 STREET ADDRESS	Three Center Plaza, Suite 440	
CITY-ST-ZIP	MINNEAPOLIS MN		6.4 CITY-ST-ZIP	Boston, MA 02108-2003	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/9/96 612 378 1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #