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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 55401-2406

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

3. Date Incorporated or Qualified 3a. Date of Last Report
12/29/1941 04/17/1996
4. FCI Number Applied For
41-0579050 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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 10. Name and Address of New Registered Agent
PIERCE, L. SCOTT
% OLD REPUBLIC NATIONAL TITLE INSURANCE CO
4350 WEST CYPRESS STREET, #550
TAMPA FL 33607
81 Name Pierce, L. Scott
82 Street Address (P.O. Box Number is Not Acceptable)
100 South Ashley Drive, Suite 700
83
84 City Tampa FL 85 Zip Code 33602

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD ☐ DELETE 11 TITLE ☐ Change ☐ Addition
NAME CECCHETTINI, R.A. 12 NAME
STREET ADDRESS 400 SECOND AVE S 13 STREET ADDRESS
CITY-ST-ZIP MINNEAPOLIS MN 14 CITY-ST-ZIP
TITLE D ☐ DELETE 21 TITLE ☐ Change ☐ Addition
NAME BJELLA, A.R. 22 NAME
STREET ADDRESS 400 SECOND AVE S 23 STREET ADDRESS
CITY-ST-ZIP MINNEAPOLIS MN 24 CITY-ST-ZIP
TITLE D ☐ DELETE 31 TITLE ☐ Change ☐ Addition
NAME ZUCARO, A C 32 NAME
STREET ADDRESS 400 SECOND AVE S 33 STREET ADDRESS
CITY-ST-ZIP MINNEAPOLIS MN 34 CITY-ST-ZIP
TITLE VT ☐ DELETE 41 TITLE ☐ Change ☐ Addition
NAME CLEVELAND, J B 42 NAME
STREET ADDRESS 400 SECOND AVE S 43 STREET ADDRESS
CITY-ST-ZIP MINNEAPOLIS MN 44 CITY-ST-ZIP
TITLE SV ☐ DELETE 51 TITLE ☐ Change ☐ Addition
NAME GREGORY, C.G. 52 NAME
STREET ADDRESS 400 SECOND AVE. S. 53 STREET ADDRESS
CITY-ST-ZIP MINNEAPOLIS MN 54 CITY-ST-ZIP
TITLE EVS ☐ DELETE 61 TITLE ☐ Change ☐ Addition
NAME PILSKALN, JR. H. 62 NAME
STREET ADDRESS 3 CENTER PLAZA STE 440 63 STREET ADDRESS
CITY-ST-ZIP BOSTON MA 64 CITY-ST-ZIP

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 [Signature] DATE [Date]

CR2E034 (9/96)