

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90027 013 ***150.00

DOCUMENT # 805448

1. Corporation Name

OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

Principal Place of Business

TITLE INSURANCE BLDG
400 SECOND AVE S.
MINNEAPOLIS 1 MINNESOTA 55401

Mailing Address

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

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SCOTT, PIERCE L
100 SOUTH ASHLEY DR
STE 700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

PIERCE, SCOTT L.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD
NAME CECCHETTINI, R.A.
STREET ADDRESS 400 SECOND AVE S
CITY-ST-ZIP MINNEAPOLIS MN

☐ DELETE

TITLE D
NAME BJELLA, A.R.
STREET ADDRESS 400 SECOND AVE S
CITY-ST-ZIP MINNEAPOLIS MN

☒ DELETE

TITLE D
NAME ZUCARO, A C
STREET ADDRESS 400 SECOND AVE S
CITY-ST-ZIP MINNEAPOLIS MN

☐ DELETE

TITLE VT
NAME CLEVELAND, J B
STREET ADDRESS 400 SECOND AVE S
CITY-ST-ZIP MINNEAPOLIS MN

☐ DELETE

TITLE SV
NAME GREGORY, C.G.
STREET ADDRESS 400 SECOND AVE. S.
CITY-ST-ZIP MINNEAPOLIS MN

☐ DELETE

TITLE EVS
NAME PILSKALN, JR. H.
STREET ADDRESS 3 CENTER PLAZA STE 440
CITY-ST-ZIP BOSTON MA

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

POPP, J. W.

400 SECOND AVENUE SOUTH

MINNEAPOLIS, MN 55401

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

EV

5.1 TITLE

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VPS

STOLTZFUS, J. B.

400 SECOND AVENUE SOUTH

MINNEAPOLIS MN 55401

6.1 TITLE

☐ Change

☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

612-371-1111
Daytime Phone #

CR2E034 (1/198)